

PREDOCTORAL INTERSHIPS IN CLINICAL AND COUNSELING PSYCHOLOGY

2015-2016 INTERNSHIP BROCHURE
Application Deadline: November 2, 2015

APPIC Match Codes (positions)

- 135914** Gero-neuropsychology (2)
- 135915** Health Psychology
- 135916** Mental Health Clinic
- 135917** Neuropsychology
- 135918** Posttraumatic Stress Disorder (PTSD) Clinical Team (2)
- 135919** Primary Care/Mental Health Integration
- 135920** Psychosocial Rehabilitation & Recovery: Veterans with Serious Mental Illness
- 135921** Substance Use Disorders Clinic (2)
- 135922** Women Veterans' Mental Health



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CENTERS
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AMERICAN PSYCHOLOGICAL ASSOCIATION

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Predoctoral Internship in Psychology Internship Brochure

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ACCREDITATION STATUS

The Predoctoral Internship Training Program is accredited by the Commission on Accreditation of the American Psychological Association. The next Accreditation for this Program is scheduled to occur in 2017. Questions about accreditation status, the accreditation process or comments regarding this program can be addressed to the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street N.E., Washington DC, 20002 (Telephone:202-336-5979; TDD/TTY (202) 336-6123; Fax (202) 336-5978)

INTRODUCTION

The VA Ann Arbor Healthcare System (VAAHHS) offers an intensive, full-time Clinical Psychology internship program in a hospital/health system setting with inpatient, outpatient, and rehabilitation services. The program provides a unique opportunity to work with male and female Veterans across the adult lifespan experiencing a wide range of physical, emotional and interpersonal problems, while receiving careful supervision from a highly skilled staff. The Armed Forces of the United States represent one cross-section of our nation with many aspects of diversity thus represented in the military veteran population. The program seeks to effectively teach how these parameters of individual difference and diversity should inform psychological practice.

MISSION AND GOALS

The philosophy and values of this program are centered in normative healthcare ethical values of beneficence, non-maleficence, and social contract in a context of public service. Its central mission is to contribute to the development of competent clinical psychologists.

The goals of the program are to 1) prepare the Intern to use the process of psychological assessment in a skilled manner, 2) prepare the Intern to use psychological interventions in a skilled manner, and 3) prepare the Intern to provide psychological consultation in a skilled manner. Various objectives in achieving these goals contribute to their achievement.

The orientation, nature and operation of the program are consistent with a Scientist-Practitioner training program (i.e., Boulder Model). The program emphasizes evidence-based practice and provides education in translating this model to applied activities. The training model is to provide supervised experiences in assessment, intervention, consultation, and other professional development domains that are sequential, cumulative, and graded in complexity.

To serve these aims, the training program welcomes applications from graduate students from programs in clinical/counseling psychology with excellent preparation in course work and introductory clinical and assessment practicum experiences (see [Eligibility](#), below for specific requirements). The program selects Intern candidates based on rigorous preparation, supervisor recommendations, and perceived synergy with our program. By this process we identify and match optimally with Interns who have a readiness to continue developing fundamental skills associated with the clinical profession in a supervised setting. Thus, the program is designed around objectives to provide experiences in assessment, treatment, consultation, and scholarly support of practice that will enable Interns to move to the level of readiness for practice (see [Competencies, Supervision and Intern Evaluation](#) sections below). The program does not seek to train Interns to pursue a specific career path, although its character and methods have produced a preponderance of graduates whose career trajectories could be characterized as scientist-practitioner or practitioner-scholar. As a high-complexity VA Center with a strong academic affiliation, these outcomes are congruent with our overall mission.

As noted above, the VAAAHS program is designed and offered as a scientist-practitioner program that is consonant with a general “Boulder Model” philosophy of education and training in Psychology. While we train Interns with the notion that they will continue on to careers of research and teaching along with practice, there are many professional trajectories we view as being fully successful and of benefit to the field.

VA ANN ARBOR HEALTHCARE SYSTEM (VAAAHS)

The Ann Arbor VA Medical Center is located adjacent to the University of Michigan campus and medical center. Our medical center is a 105-bed general medical-surgical hospital, which includes an inpatient psychiatric unit, outpatient mental health clinics, substance use disorders treatment and extensive medical and other psychiatric outpatient and recovery services. The Community Living Center (CLC), specializing in short-term geriatric work, is attached to the Medical Center. Community Based Outpatient Clinics (CBOCs) provide outpatient mental health services to Veterans in the VAAAHS catchment area but residing nearer to Jackson, Michigan; Flint, Michigan; and Toledo, Ohio.



The University of Michigan Medical School is the primary academic affiliate for VAAAHS. All members of our training faculty have clinical track or instructional (tenure) track appointments joint faculty appointments in the Department of Psychiatry at the University of Michigan School of Medicine. Close ties with the University of Michigan's Medical School and Department of Psychology also allow Interns an unusually broad range of learning experiences and

opportunities to consult with widely respected mental health practitioners and psychologists. Interns receive appointment to the Department of Psychiatry and School of Medicine with credentials from the University of Michigan that enable access to an extensive array of campus resources (e.g., libraries, media, statistical consultation, wellness/fitness facilities and more).

PSYCHOLOGY AT VAAHS

Mental Health Service consists of just under 200 faculty and staff including the vast majority of our 35 psychologists. Psychology is well respected in the hospital with numerous psychologists holding important leadership positions including the Chief of Mental Health Service, Associate Chief for Education, and a number of Section Chiefs and Program Leads. VAAHS has offered an accredited high-quality Clinical Psychology internship training since 1983. Over 125 Interns have graduated from our program and many have gone on to develop academic and clinical leadership careers. Mental Health Service provides care to approximately 12,000 veterans annually. Psychologists are active participants in this care providing assessment, consultation, and treatment in all areas.

VAAHS PSYCHOLOGY INTERNSHIP PROGRAM

Our internship is designed to contribute to the development of competent clinical psychologists skilled in diagnosis, psychological treatments, and behavioral consultation with adults and older adults.

Please note we utilize separate codes for the APPIC match based on each rotation.

The process of having nine codes for applicants goes a long way to ensure that we match with applicants who have those interests. Applicants may apply to single or multiple codes. Interns can be confident that they will receive the Major rotation with which they match. Thus, you should rank the code associated with your first choice rotation. You may rank other codes, but there is no guarantee of getting your first choice rotation if you match on a different code. Rotations other than the matching rotation are allocated by mutual decision between the Interns and Training Directors at the start of the year and again in January for the second half-year starting in March. We construe the internship year as one where a psychologist rounds out his or her general training as a psychologist rather than a year of specialization. As such, one important element in your rotation consideration is your “balance” as a psychologist. Regardless of the future specialization of the Intern anticipated in the future, Internship training is considered by APA to be broad in scope in its operation and aims.

Important Facts About These Codes that comprise the Internship:

1. Applicants may apply to one or multiple rotation codes.
2. Interns will have a major rotation associated with the code with which they match.
3. In order to ensure that we are able to provide the training experiences most suited to your experience and goals, it can be particularly helpful to us to specify in your cover letter or

application the rotations, interest areas, and educational/career trajectories you are predominantly considering.

Noteworthy strengths of the internship program are the breadth and diversity of excellent training activities available. In all, the VA Ann Arbor Healthcare System offers nine major rotations, each are six months in duration. All Interns complete two major rotations (about 24 hours/week) during the year. Interns also select two of our six-month minor rotation offerings (about 12 hours/week). [Please note the Major and Minor Rotation figure below for an overview of the numerous options available.](#) During the training year, all Interns will participate in at least one rotation in assessment and at least one rotation in intervention. Additional, didactic activities (e.g., seminar, case conference, rounds) account for about 10% of the training experience.

ROTATIONS

Major Rotations (60% of Intern Experience)

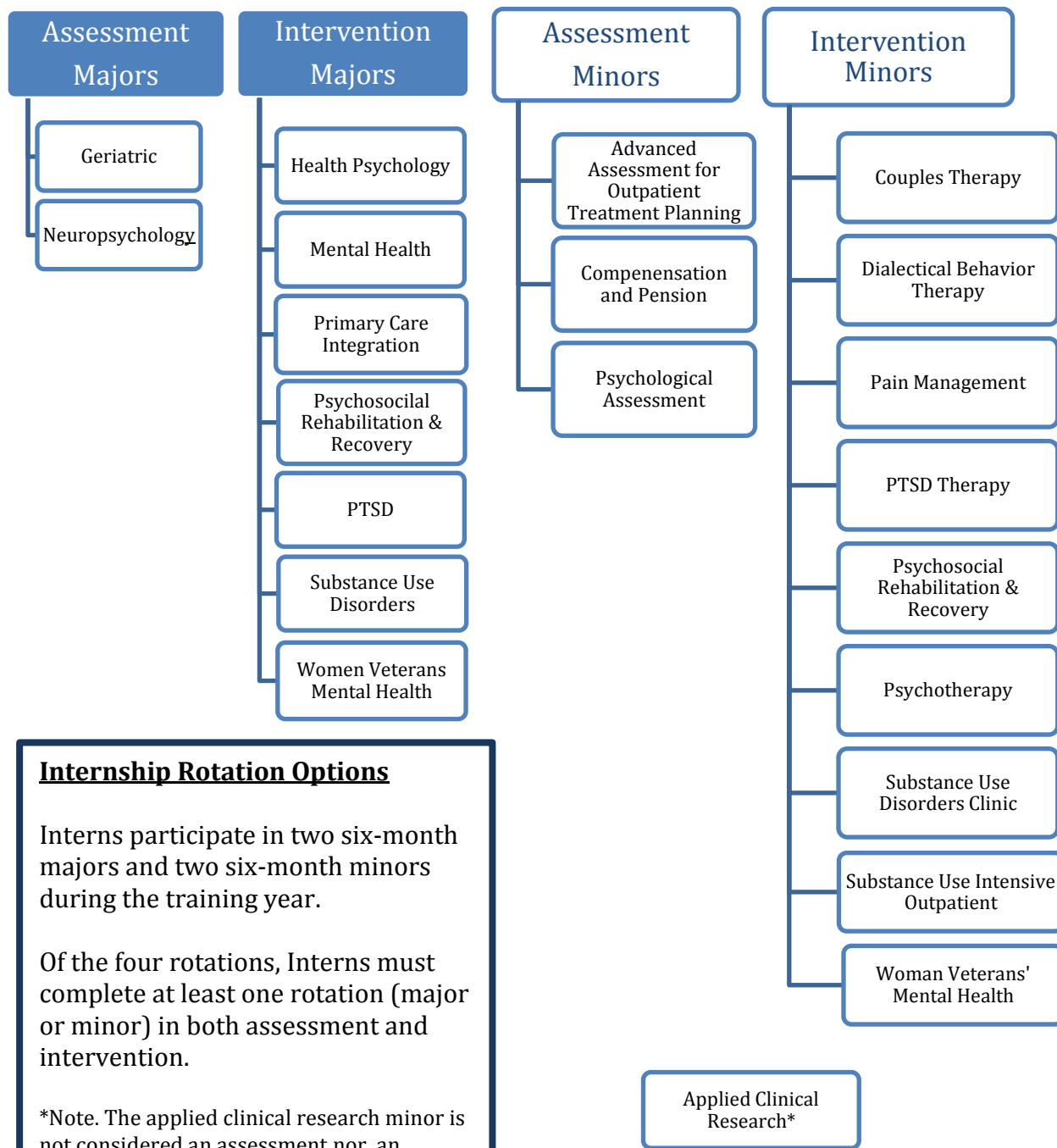
Geriatric Neuropsychology Rotation in the Community Living Center (CLC)

Primary Supervisor(s):

Linus Bieliauskas, Ph.D., ABPP

The CLC rotation exposes Interns to the varieties of illness and injury that affect the neuropsychological and emotional functioning of the elderly and traumatically injured in a nursing home care setting. Aging Veterans with chronic or degenerative diseases such as diabetes, Alzheimer's, Parkinson's, vascular dementia or cancer are among the patients assessed and treated. The Center, run in conjunction with the VA's Geriatric Research Education and Clinical Center (GRECC) is also affiliated with the Institute of Gerontology at the University of Michigan. Interns learn the appropriate use of neuropsychological tests in this aging group by administering both a brief cognitive functions screening battery given to all patients and full neuropsychological batteries for patients requiring further work-ups. The brief screening batteries are administered by undergraduate research assistants from the University of Michigan, whom the interns supervise. Data gathered from these screens are also used in various research protocols in which the interns can participate and carry out. Interns also contribute to weekly research meetings, which often includes the presentation of didactics pertinent to clinical neuropsychology and geriatrics to the undergraduate research assistants. Both cognitive screens and full testing are used to determine patients' competency, functional independence and ability to return to independent living, as well as identifying patterns of cognitive deficit for differential diagnosis and treatment prescription. Many CLC patients profit from specific behavioral programs, psychological counseling, and lifestyle adjustments. Interns are given the opportunity to learn and evaluate brief interventions and their effectiveness. Weekly interdisciplinary staff conferences create cooperative patient treatment plans for the team to carry out.

For the Geriatric and Neuropsychology rotations, there is a newer emphasis on research with neuroimaging of brain function associated with behavioral change with normal and abnormal aging. Students with interest and background in functional neuroimaging are encouraged to apply for these opportunities.



Neuropsychology

Primary Supervisor:

Henry (Gus) Buchtel, Ph.D.

This rotation has several components designed to help the Intern learn skills for the diagnosis and treatment of patients with physical and neurological problems, understand adjustment to chronic disease, and promote maintenance of positive health behavior. Understanding of brain-behavior relationships is integral to the training.

Interns will see both inpatients and outpatients with known and suspected organic brain problems. The Interns will learn neuropsychological test procedures, interpretation of test data, and the application of test results to patient treatment plans. In addition, students have an opportunity to attend Neurology rounds and seminars to enhance their knowledge of brain functioning. Special seminars in diagnosis are regularly offered. Students in this rotation are typically assigned two neuropsychological cases for diagnosis each week.

Health Psychology

Primary Supervisors:

Lindsey Bloor, Ph.D. ABPP

Carol Lindsay-Westphal, Ph.D.

Brent Coy, Ph.D.

The health psychology concentration emphasizes functional assessments and brief interventions for patients presenting in ambulatory care settings. Exposure to Interprofessional practice and the “medical home” model are important elements in learning. The Intern will gain experience with chronic pain management, MOVE! Weight Management, and tobacco cessation services with some additional options. Working with the Pain Clinic (and Brent Coy, Ph.D.), the Intern will learn to provide comprehensive, bio-psychosocial assessments. Collaboratively, the Intern will also co-facilitate CBT based chronic pain management classes, and some associated services within Primary Care. Interns are an integral part of the MOVE! Weight Management program, facilitating behavior change enhancement and stress management classes in this program. Using motivational interviewing, the Intern will collaborate with Pharmacy and Nursing to offer tobacco cessation services as well. There are additional options to work with patient education and health behavior modification programs such as the Diabetes Education, and phase II Cardiac and Pulmonary Rehabilitation programs. The Intern may also conduct liver organ transplant and/or bariatric surgery mental health evaluations. Therefore, assessment and consultation skills, and both individual and group intervention modalities are aspects of this concentration. We aim to provide the intern with experience in working as part of medical teams in different parts of the hospital setting, consult with referring providers, and practice serving as a representative of the field of psychology in the broader healthcare setting.

Mental Health Clinic (MHC)

Primary Supervisor:

Rebecca Lusk, Psy.D., ABPP

Training in the Mental Health Clinic includes thorough and careful diagnostic assessment and psychotherapy training with a wide variety of outpatient clients. Interns learn risk assessment and crisis intervention techniques, interviewing and assessment skills, and other screening techniques. Individual therapy cases and group therapy experiences (depression and anxiety, for example) are available. The clinic offers an opportunity to work closely with a variety of mental health professionals. Treatment approaches include empirically supported strategies, such as CBT, Motivational Interviewing, and Solution-Focused/Strategic Therapies. There are opportunities for Interns to work with individuals with a wide range of psychopathology from diverse backgrounds. Further, there is flexibility to accommodate individual Intern interests in terms of caseload, the development and implementation of treatment groups, and program assessment and evaluation activities.

Posttraumatic Stress Disorder Clinical Team (PCT)

Primary Supervisor(s):

Erin Smith, Ph.D.

Katherine Porter, Ph.D.

Heather Cochran, Ph.D.

Minden Sexton, Ph.D.

The PCT functions as an outpatient specialty clinic within the medical center. This multi-disciplinary team provides comprehensive assessment, treatment, and research-based protocols to patients with PTSD. The Intern will attend teaching rounds, perform assessments, and follow cases within this specialty clinic. Interns will have opportunities for training and practice in specialized PTSD evaluation and empirically supported treatments, including Prolonged Exposure and Cognitive Processing Therapy. In addition to weekly individual supervision, Interns participate in weekly PCT staff meetings. This includes clinical case presentations, evaluation presentations, and didactic presentations on topics related to PTSD.

Primary Care Mental Health Integration

Primary Supervisor(s):

Cathy Donnell, Ph.D.

With supervision by Primary Care Mental Health Psychologist, Interns in this concentration will work with the interdisciplinary PCMH Integration Team to offer: Brief PCMH assessment; Individual, brief psychotherapy interventions drawn from evidence based therapies, including CBT, ACT, PST, and Motivational Interviewing; group treatment opportunities with depression workshop (ACT) and problem solving training (PST); Medication care management by telephone; Assist with transitioning patients to specialty mental health services when appropriate; Opportunities with program development within developing PCMH objectives; Collaborative multidisciplinary approach to intervention in PCMH; Consultation with Primary Care Physicians, Clinical Pharmacists, Nursing Staff, and specialty clinic professionals; and Understanding of and experience with mental health integration via Patient Aligned Care Team (PACT) and Medical Home Model of Care.

Psychosocial Rehabilitation & Recovery (PSR&R)

Primary Supervisor(s):

Beau Nelson, Ph.D.
Nicholas Bowersox, Ph.D.

The Psychosocial Rehabilitation and Recovery (PSR&R) rotation offers treatment opportunities across many different specialty clinics (e.g., Psychosocial Rehabilitation & Recovery Center; Mental Health Intensive Case Management, Acute Inpatient Mental Health, Compensated Work Therapy, etc.) spanning the full continuum of care. The focus of PSR&R is heavily weighted towards improving Veterans functioning. This means we work to help individuals develop and pursue their personal living, learning, and socialization goals in the hope of facilitating their mental health recovery. The PSR&R rotation offers a variety of training opportunities in initial and diagnostic assessments; recovery action planning; group-based EBPs (e.g., Social Skills Training, Illness Management & Recovery, Dual Diagnosis, CBSST, Cognitive Enhancement Therapy, Wellness Recovery Action Planning, etc.); individual therapy (solution-focused and CBT for Psychosis approaches); community-based work helping Veterans apply the skills they've learned or developed in groups; program development and evaluation; and working with peer-based services. Additional PSR&R opportunities are also available in the areas of home visits (MHICM), outreach, and working with community partners.

Substance Use Disorders Clinic (SUDC)

Primary Supervisor(s):
Jamie Winters, Ph.D.
Stephen Chermack, Ph.D.

The SUDC rotation includes training in assessment and diagnosis, treatment planning, participating in multidisciplinary treatment, and training in empirically supported intervention approaches for individuals with substance use disorders with and without comorbidities. Psychological treatment approaches include Cognitive Behavioral Therapy (CBT), Motivational Interviewing/Enhancement Therapy, Behavioral Couples Therapy, Harm Reduction, Mindfulness Based Relapse Prevention, and Contingency Management. The clinic provides core therapy groups using CBT, as well as a number of specialty interventions, (e.g., DBT, emotion regulation, IMR, behavioral pain management, insomnia treatment). There are opportunities for Interns to work with individuals with a wide range of psychopathology from diverse backgrounds in terms of age, ethnicity and socioeconomic status on both the outpatient and inpatient units. Further, there is flexibility to accommodate individual Intern interests in terms of caseload, the development/ implementation of treatment groups, and program assessment/ evaluation activities. Finally, there are a variety of research opportunities available.

Women Veterans' Mental Health

Primary Supervisor(s):
Minden Sexton, Ph.D.

This rotation involves evidence-based intervention in the outpatient mental health clinics (MHC, SUDC, and PCT) and/or health clinics. Interns may elect to focus in a single clinic or can collaborate with supervisors to incorporate clinical care opportunities from multiple clinics. The focus on women's mental or behavioral health training will involve participation in both individual and group therapy offerings specifically for Female Veterans and training in common

intersections between military culture, gender issues, and other aspects of diversity. Options include trauma-focused treatments for PTSD (CPT, PE), DBT, Interpersonal Violence, Wellness Group for Women, Military Sexual Trauma evaluation and interventions for women, and brief interventions within the Substance Use Disorders Clinics. Interns with interest in providing trauma-focused therapy with Women Veterans diagnosed with PTSD are required to attend the PE training at the beginning of the internship year.

Minor Rotations (30% of Intern Experience)

Advanced Assessment for Outpatient Treatment Planning

Primary Supervisor(s):
Heather Cochran, Ph.D.
Rebecca Lusk, Ph.D.
Minden Sexton, Ph.D.

This rotation focuses on gaining experience with assessment and differential diagnosis in a therapy setting. In particular, emphasis is placed on differential clinical diagnoses using structured/semi-structured clinical interviews, such as the SCID (Structured Clinical Interview for DSM), and learning gold standard assessments for specific mental health disorders (e.g., Clinician Administered PTSD Scale). Additionally, in cases where there is significant diagnostic complexity, the rotation includes additional psychodiagnostic testing (e.g., MMPI-2, MCMI-III, PAI). Finally, supervision includes a focus on improving conceptualization of mental disorders, developing patient-centered treatment plans for complex clinical trajectories, further cultivating evaluation/report-writing skills, and determining best practices for communicating assessment findings to the referral source, the treatment team, and veteran.

Compensation & Pension

Primary Supervisor(s):
Steven Putnam, Ph.D.
Michael Ransom, Ph.D.
Robert Spencer, Ph.D.

Interns have the opportunity to interview, observe, and assess Veterans seeking financial compensation for a broad range of psychological disorders. The central responsibilities of the rotation involve psychological and neuropsychological assessment of Veterans spanning the entire age range. These evaluations involve a review and integration of the veteran's Claims File (service medical records, etc.), computerized records, interview, and administration of psychometric measures. Interns are introduced to the idea of rendering a “medical opinion” in the context of a medico-legal evaluation.

Psychological Assessment

Primary Supervisors:
Kenneth Adams, Ph.D., ABPP
Linus Bieliauskas, Ph.D., ABPP
Henry (Gus) Buchtel, Ph.D.
Robert Spencer, Ph.D.

Interns practice and learn our battery of neuropsychological tests at the start of the year in addition to reviewing standard objective and personality test procedures. Interns complete a minimum of four diagnostic and/or neuropsychological evaluations each month. Psychological testing experience includes not only interpretation of tests, but also organization and integration of interview and history data.

Couples & Family Intervention

Primary Supervisor:
Jamie Winters, Ph.D.

Interns on this minor rotation have the opportunity to see couples utilizing the Behavioral Couples Therapy Model (BCT), Behavioral Family Therapy for SMI, and the Integrative Behavioral Couples Therapy model (IBCT). Cases may be referred for numerous presenting problems (marital distress, substance use, SPMI, etc.). Interns also provide evidence-based CBT for partner abuse. Opportunities for providing parenting skills training for Veterans and family education are also available experiences on this rotation.

Dialectical Behavior Therapy

Primary Supervisor(s):
Rebecca Lusk, Psy.D., ABPP
Heather Cochran, Ph.D.

The DBT Minor is a 6-month training experience where interns will co-facilitate a DBT skills group, provide DBT screening assessments to Veterans being considered for DBT admission, attend the weekly DBT consultation group, and attend a weekly DBT didactic lecture. A licensed psychologist who is intensively trained in DBT will provide supervision. Additional supervision may occur with various licensed social workers that are intensively trained in DBT. Interns who are interested in learning DBT psychotherapy with an individual client will be required to make a 12-month commitment to participating in the DBT team.

Pain Management

Primary Supervisor(s):
Brent Coy, Ph.D.

The Pain Management minor rotation includes training experiences in assessment and intervention with Veterans presenting with a variety of chronic pain conditions. Training opportunities include assessment as well as individual and group CBT interventions for chronic pain and associated mental health issues. The experience will also include working as part of medical teams in our hospital setting, consulting with referring providers and participating in the integration of psychology in the broader healthcare setting.

PTSD Therapy Minor (Cognitive Processing Therapy or Prolonged Exposure Therapy)

Primary Supervisor(s):
Heather Cochran, Ph.D.
Erin Smith, Ph.D.

Katherine Porter, Ph.D.
Minden Sexton, Ph.D.

On this rotation, Interns will focus on gaining knowledge and experience implementing *either* Prolonged Exposure or Cognitive Processing Therapy with Veterans diagnosed with PTSD. Typical rotation activities involve: individual therapy (a case load of 4-6); opportunity to learn and administer Clinician Administered PTSD Scale (CAPS) for post-treatment assessment; supervision (one hour of individual supervision per week and participation in a PE/CPT consultation meeting with other Interns and trainees in PCT); and a weekly PCT team meeting. The PE focus option is only available during the second rotation and interested Interns would need to attend PE training meeting in Fall. A CPT focus may be selected during the first or second half of the training year dependent on supervisor and case availability.

Psychosocial Rehabilitation & Recovery (PSR&R)

Primary Supervisor(s):
Nicholas Bowersox, Ph.D.
Beau Nelson, Ph.D.

Training experiences provided on this rotation include: initial assessments & Recovery Action Planning; diagnostic assessments; EBP groups (Social Skills Training, Illness Management & Recovery, Dual Diagnosis, CBSST, Cognitive Enhancement Therapy, Wellness Recovery Action Planning, amongst other groups opportunities); individual Therapy with CBT for Psychosis; community-based work focusing on applying skills learned/develop in groups; program development & evaluation experience; and working with peer-based services.

Psychotherapy

Primary Supervisor(s):
Rebecca Lusk, Psy.D., ABPP

Interns are expected to master basic principles of short-term individual psychotherapy, utilizing techniques relevant to our population. Training emphasizes empirically supported specific and non-specific therapy approaches/strategies delivered in individual and group formats. These techniques include cognitive-behavioral treatment and motivational interviewing/enhancement. Cases are drawn from a wide variety of complaints and types of psychological problems.

Substance Use Disorders Clinic (SUDC)

Primary Supervisor(s):
Jennifer Coughlin, Psy.D.
Jamie Winters, Ph.D.

This minor is a scaled down version of the major rotation, but still include opportunities for the Intern to participate in intake assessments, treatment planning, group therapy, and individual therapy.

Substance Use Disorder Intensive Outpatient Program

Primary Supervisor:
Joseph VanderVeen, Ph.D.

The Substance Use Disorder Intensive Outpatient Program (SUD-IOP) includes training in an intensive outpatient setting. Veterans attend programming for an average of 4 weeks. The program is designed for Veterans diagnosed with substance use disorders with short-range, focused treatment and recovery goals. Psychological treatment approaches include Cognitive Behavioral Therapy (CBT), Mindfulness Based Relapse Prevention (MBRP), and Motivational Interviewing/ Enhancement Therapy (MI/MET) on both an individual and group level which address substance dependence, co-morbid psychiatric disorders, and Veteran wellness.

Women Veterans' Mental Health

Primary Supervisor(s):

Minden Sexton, Ph.D.

The Women Veterans' Mental Health minor rotation includes focused training experiences in assessment and treatment with Women Veterans. Supervisors and Interns will collaborate to develop a training experience with particular attention to the interest of the intern and availability/needs of women. Some examples may include training in providing DBT with Women Veterans, clinical care following Interpersonal Violence and/or Military Sexual Trauma (with focus on a related EBT based on presentation such as Prolonged Exposure, Cognitive Processing Therapy, or Dialectical Behavior Therapy), or approaches to Female Veterans' care within the Substance Use Disorder Clinics (SUDC and/or SUD IOP).

Applied Clinical Research

Psychology Interns have the opportunity to work directly on a research project and receive mentorship and supervision from one of the Ann Arbor VA's psychologists. The goals of this training experience are to: (1) gain a broader exposure to VA research in clinical populations of Veterans and/or (2) to conduct a smaller study that compliments the supervisor's ongoing research. The resulting research project could involve a secondary analysis of existing data or the collection of pilot data. The project should have a sound research design that will ultimately lead to a publication or a presentation by the Intern. This rotation is only open to Interns who have defended their dissertation. The supervisor and the Intern will work together to develop the specific content and timeline for the research project.

Research Training

We believe that progress in understanding human behavior can come from testing hypotheses generated in clinical observations. Research involvement is therefore a necessary component of the modern health-oriented clinical psychologist. For these reasons, an understanding of the value of research is an important facet of our internship. Interns who have completed their doctoral dissertation and whose clinical case load and didactic activities allow it, are encouraged to team up with a staff member's current research work or produce a small original study (this can be as part of the Applied Clinical Research Minor or outside of the rotations) that is relevant to hospital programs and that matches the interest of a faculty psychologist who could serve as a mentor and supervisor for the project. However, the first priority for Interns is to complete their own doctoral research.

Staff at the VA is involved in many kinds of clinical research efforts, including VA and NIH funded projects (often in conjunction with other University of Michigan faculty). These activities provide students with knowledge of psychology's interface with related health disciplines. Staff is involved with projects in a variety of departments, such as Surgery, Psychiatry, Neurology, Internal Medicine, Neuroscience, the VA Serious Mental Illness Treatment Research and Evaluation Center (SMITREC), the University of Michigan Addiction Research Center (UMARC), and the Mental Health Research Institute. As well as having our own computer hardware, the VA has access to the resources of the University of Michigan Computing Center, including design and statistical seminars and project consultation.

Faculty is also involved as members of NIH or VA Research Committees and can introduce the intern to the elements of good peer research review. In a similar fashion, a number of faculty are active on editorial boards as editors, board members, or regular reviewers of research manuscripts and can mentor interns on how constructive peer reviews can improve the quality and utility of research.

The academic commitment of our staff is reflected in its involvement in a variety of funded research activities. During 2014, members of the Psychology internship faculty published 41 peer-reviewed scientific papers. When affiliated department faculty are considered, the mental health service has averaged over 110 publications per year. Additionally, Psychologists at VAAHS have been awarded several VA and DOD funded randomized clinical trials in SUD, PTSD and other areas (e.g., Bipolar Disorder, Depression, Suicide Risk, overdose prevention, etc.). See [Staff Biographies](#) and [Recent Publication](#) sections for more information about the thriving research activities at the Ann Arbor VA.

DIDACTICS, MEETINGS & CONFERENCES

Didactic offerings for Interns grow naturally out of involvement in patient contacts. Since students already have basic courses in psychological theory, personality and psychopathology in their clinical programs, our didactic teaching concentrates on translating theory to applied work, offering technical information about specific diagnostic and treatment modalities, addressing ethical issues in the clinical setting, and survey literature bearing on Veterans treated in this medical center. Lectures, seminars and group discussion using extensive case material are led by the staff and consultants to meet these goals. These activities account for approximately 10% of Intern time. These learning experiences are enriched by lectures at the University of Michigan's Departments of Psychiatry, Psychology, Neurology and other relevant departments and services. All interns attend Psychology Didactics, Case Conference, Professional Development Lunch, and at least one additional hour weekly of engagement in educational opportunities as selected by the intern from our multitude of opportunities.

Here is a partial listing of specific offerings:

Psychology Didactic Seminars

A mandatory didactic seminar series runs throughout the year on a weekly basis and provides essential instruction and interactive programs with content focusing on essential psychology

education. Topics covered include military culture and its implications for psychology care, identification and management of patient suicide risk, ethical dilemmas in health care, compensation and pension evaluation of Veterans, violence prevention and intervention, best practices for use of tests of psychopathology, diversity and individual differences as keys to understanding in assessment and treatment, evaluation methodology and practice, couples treatment, difficult pain syndromes, and much more. Interns have direct involvement in tailoring the Didactic series content to meet class needs each year. A list of the Psychology Didactic Seminar Offerings for the current internship year is below.

Sample VA Psychology Didactics Seminar Schedule			
Date	Topic	Faculty	Competencies
Week 1	Suicide Prevention and VA Procedures	Kiddy	Assessment; Reflective Practice
Week 2	Ethical Practices; Integrated Ethics, & Mandatory Reporting	Adams, Smith, Winters	Ethical-Legal-Standards-Policy
Week 3	Orientation to the Military Service: Coming Home OEF/OIF	Lauver, Nowitzke	Interdisciplinary Systems; Individual & Cultural Diversity
Week 4	Guidelines on Multicultural Education, Training and Practice	Adams, Winters	Individual & Cultural Diversity; Reflective Practice
Week 5	Principles and Practices of Case Management	Buckles	Ethical-Legal-Standards-Policy
Week 6	MMPI-2 & Other Associated Psychopathology Test Essentials: Overview	Putnam, Adams	Interdisciplinary Systems; Management-Administration
Week 7	Telehealth and Telemental Health Concepts and Practice	Buckles	Assessment, Intervention, Consultation
Week 8	Military Sexual Trauma	Sexton	Assessment, Intervention, Consultation
Week 9	Physical Sources of PTSD Combat and Sexual Trauma	Staff	Assessment
Week 10	Evidence Based Treatments: An Overview	Rauch, Lusk	Interdisciplinary Systems; Intervention
Week 11	The Other Anxiety Disorders: Social Anxiety, Phobia & Panic Attacks	Smith, Porter	Relationships; Ethical-Legal-Standards-Policy; diversity
Week 12	Federal Holiday	No Conference	
Week 13	Evidence Based Treatment	Rauch	Intervention
Week 14	Motivational Interviewing Seminar	Chermack	Intervention; Consultation, Scientific Knowledge Program Evaluation
Week 15	Violence Prevention	Winters, Ilgen	Assessment, Interdisciplinary Systems
Week 16	Evidence-Based Care for SMI	Nelson, Winters	Scientific Knowledge; Reflective Practice;

Sample VA Psychology Didactics Seminar Schedule			
Interdisciplinary Systems			
Weeks 16/17	Federal Holiday	No Conference	
Week 18	Cognitive Behavioral Analysis System of Psychotherapy (CBASP)	Favorite	Intervention
Weeks 19/20	Evidence Based Treatments for Anxiety Disorders I & II	Smith, Porter	Intervention
Week 21	Dialectical Behavior Therapy	Chapman, Haas, Lusk	Intervention
Week 22	ACT	Sexton	Intervention
Week 23	Pain and Its Behavioral Management	Roth	Assessment-Diagnosis-Case Concept; Intervention
Week 24	Theory & Practice of Peer Support Groups & Activities	Nelson	Reflective Practice; Interdisciplinary Systems
Week 25	Treatment of Couples/Dyads	Winters	Assessment-Diagnosis-Case Concept; Intervention
Week 26	Somatic Therapies & Neuromodulation I	Martis, Zakaria	Scientific Methods, Intervention
Week 27	Somatic Therapies & Neuromodulation II	Martis, Zakaria	Scientific Methods, Intervention
Week 28	Primary Care/Mental Health Practice	Bloor, Donnell	Assessment-Diagnosis-Case Conceptualization
Week 29	Behavioral Medicine	Bloor, Spencer	Assessment-Diagnosis-Case Concept; Research
Week 30	Substance Use Disorders I	Chermack, Winters	Assessment-Diagnosis-Case Concept; Intervention
Week 31	Substance Use Disorders II	Chermack, Winters	Assessment-Diagnosis-Case Conceptualization
Week 32	Cognitive Behavioral Therapy for Insomnia (CBT-I)	Conrad	Intervention
Week 33	EPPP	Adams, Winters	Professionalism
Week 34	Traumatic Brain Injury: Essentials for Psychologists	Bieliauskas, Putnam	Assessment
Week 35	Personality and Semi-Structured Assessment	Adams	Assessment
Week 36	Psychopathology	Bieliauskas	Scientific Knowledge
Week 37	Forensic Issues in Psychology	Adams, Putnam	Management-Administration; Ethical-Legal-Standards-Policy
Week 38	Evidence Based Nightmare Reduction (ERRT)	Favorite	Reflective Practice: Individual & Cultural Diversity
Week 39	Diversity in Practice: Cultural	Buchtel	Reflective Practice: Diversity

Clinical Case Conference

Clinical case conference is a weekly scheduled case conference presented by Interns presenting current diagnostic, neuropsychological, behavioral medicine or psychotherapy material of interest with teaching impact and value.

Professional Development Lunch

A Professional Development brown-bag lunch with the training directors is also held weekly for the Interns. This hour serves multiple functions. First, it allows for a regular conversation with the training directors about progress in the internship program. Additionally, topics related to professional development, ethics, and current events in the field are often addressed.

Psychiatry Grand Rounds

The weekly VA Mental Health Service Grand Rounds serve as an opportunity for medical and psychology staff, trainees, and field experts to provide lectures, seminars, cutting-edge findings, and research. Interns are encouraged to attend and present clinical and research-based topics in this forum. Our offerings for a previous Grand Round season are presented below.

Sample VA Grand Rounds Schedule	
September 17	Paul Pfeiffer, M.D. & John McCarthy, M.D. Advancing Our Understanding of Suicide Risk Among VHAA Patients: Contributions of Ann Arbor-Based Investigators
September 24	Kenneth Adams, Ph.D., ABPP TBI/PTSD Presentation After Military Deployment: Rediscovering Accurate Expectations (Clinical Update)
October 1	Rebecca Lusk, Psy.D., Beau Nelson, Ph.D. & Erin Smith, Ph.D. Military Culture
October 8	Rebecca Lusk, Psy.D. & Nick Bowersox, Ph.D. Findings from a Pre-Treatment Intervention to Facilitate Engagement in Psychotherapy in MHC (Clinical Research)
October 15	Adrienne Saxton, M.D., Resident Antidepressant Efficacy of Ketamine in Treatment-Resistant Major Depression (Journal Club)
October 22	Christina LaRosa, M.D., Resident Case Presentation
October 29	Lisa A. Martin, Ph.D., University of Michigan-Dearborn The Experience of Symptoms of Depression in Men vs. Women: Analysis of the National Comorbidity Survey Replication (Journal Club)
November 5	Jennifer Marola, Ph.D., Postdoctoral Fellow Measuring Executive Function and Depressive Symptoms in Ischemic Stroke Patients
November 12	Heidi Burns, M.D., Resident

Sample VA Grand Rounds Schedule	
	Case Presentation
November 19	Jason Hicks, MSW
	Sex Talk isn't Dirty: A Conversation about the Assessment and Treatment of Sexual Disorders
November 26	No Rounds
	Happy Thanksgiving!
December 3	Jamie Winters, Ph.D. & Lisham Ashrafioun, M.S., Psychology Intern
	Improving Treatment Adherence
December 10	Linda Saab, M.D., Resident
	Eye Movement Desensitization and Reprocessing (EMDR): A Meta-Analysis (Journal Club)
December 17	Daniel Wurzelmann, M.D., Resident
	Case Presentations
December 24	Cancel: Happy Holidays
	No Rounds
December 31	Cancel: Happy New Year
	No Rounds
January 7	Kenneth Silk, M.D.
	Pharmacotherapy for BPD
January 14	Lauren Edwards, M.D., Resident
	Psychiatry Case Conference
January 21	Denis Birgenheir, Ph.D., SMITREC Postdoctoral Fellow
	Anxiety Disorders Among Veterans Health Administration Patients with Schizophrenia
January 28	Katheryn Maguire, Ph.D.
	Communication and Its Impact on Stress and Coping in Military Families (Clinical Research)
February 4	Chandra Sripada, M.D., Ph.D.
	Treatment of ADHD (Clinical Update)
February 11	Nakita Natala, M.D., Resident
	Well-being and Suicidal Ideation of Secondary School Students from the Military (Journal Club)
February 18	Jenni Wang, M.D, Resident
	Case Conference
February 25	Minden Sexton, Ph.D. & Jerren Weekes-Kanu, Ph.D., Postdoctoral Fellow
	Infertility: Psychosocial Correlates, Military-Specific Contexts, and Status of Mental Health Intervention Research
March 4	Thomas Park, M.D., Resident & Aaron Weiner, Ph.D., Postdoctoral Fellow
	Ambulatory Detox from Alcohol: Considerations and Best Practices

Sample VA Grand Rounds Schedule	
March 11	Daniel Wurzelmann, M.D., Resident
	Need for Feedback
March 18	Nicolette Gable, Ph.D., Fellow
	Walking While Thinking in Late-life Depression
March 25	Avinash Hosanagar, M.D. & Beau Nelson, Ph.D.
	Cognitive Enhancement in Schizophrenia: Perspectives and Advances
April 1	Randy Roth, Ph.D., Percival Pangilinan, M.D., Jennifer Marola, Ph.D., Postdoctoral Fellow & Sara Rampinski, LMSW
	Understanding the Nature and Assessment of Mild Traumatic Brain Injury
April 8	Paul Wright, M.D., Resident
	Case Conference
April 15	Laura Anderson, M.D., Resident
	A Trial of Prazosin for Combat Trauma PTSD with Nightmares in Active-Duty Soldiers Returned from Iraq and Afghanistan (Journal Club)
April 22	Tom Fluent, M.D.
	Adult ADHD: The Rest of the Story (Clinical Update vs. Research)
April 29	Edward Thomas, LMSW, BCD
	Challenges in Care Related to Military Sexual Trauma
May 6	Erin Sparapani, M.S., Psychology Intern & Jennifer Loar, MSW
	Ethical Considerations and Psychosocial Challenges in Caring for a Young OEF-OIF Patient with Serious Disabilities (Case Presentation)
May 13	Jennifer Alkema, M.D. & Iquo Nafiu, M.D.
	The Role of Vitamin D in Mood and Cognition (Clinical Update)
May 20	Kristin Lamp, Ph.D., Postdoctoral Fellow
	Resilience Following Trauma in Veteran Populations
May 27	Mel Whalen, Ph.D., Comprehensive Gender Services Program, UM
	Assessment and Treatment with Transgender Patients
June 3	Elizabeth Semanda, M.D., Resident
	Effect of Vitamin E and Memantine on Functional Decline in Alzheimer Disease: the TEAM-AD VA Cooperative Randomized Trial (Journal Club)
June 10	Madhavi Latha Nagalla, M.D.
	When the Patient Lies, a Case Report
June 18	Shanti Michell, MD, Resident
	Case Presentation

Special Training, Workshops & Institutes

During the year special programs focusing on topics such as supervision, advanced psychopathology test interpretation, individual and cultural differences, and psychopharmacology are on the schedule for Interns.

Some recent examples include:

- **Prolonged Exposure Therapy Training**
This opportunity is required for Interns selecting a PTSD major or minor intervention rotation during the internship year. It is also required of Interns in the Women Veterans Mental Health rotation who wish to engage in interventions within the PTSD clinic.
- **Telemental Health Training**
- **Motivational Interviewing Workshop**
- **Supervision Institute**
- **Neurological Examination Demonstration**
- **Neuroimaging Workshop**
- **MMPI-fest**
- **Assessment Seminar**
- **Geropsychology Seminar**

Elective Seminars

An unusually rich selection of special lectures and seminars in psychology and related fields is available to Ann Arbor VA Interns through the University of Michigan. Interns may also attend relevant offerings as they occur. Upcoming UM Psychiatry Department events can be found at http://www.psych.med.umich.edu/events/*. UM Depression Center events are listed at http://www.depressioncenter.org/events/*

Commonly attended events include:

- **UM Department of Psychiatry Grand Rounds Schedule**
(http://www.psych.med.umich.edu/events/GrandRounds.asp*)
- **UM Depression Center Colloquium Series**
(http://www.depressioncenter.org/colloquium/*)
- **UM Evidence-Based Medicine Seminar**
(past lecture slides at http://www.psych.med.umich.edu/education/EBM/*)
- **UM Annual Albert Barrett Neuroscience Lecture** (March)
- **Military Support Programs and Networks** (M-SPAN)
(National Research Summit on Reserve Component Military Families, April at UM)
- **UM Annual Albert J. Silverman Research Lecture and Conference** (June)
- **UM Annual Waggoner Lecture** (October)

FORMULATING THE TRAINING PLAN

Establishing Individual Internship Goals

The Clinical Training Directors will meet with Interns during the first week to identify an initial training plan. This will include formal selection of the first major and minor rotations. Generally, these will be largely based on trainees' interests and career goals. Additionally, we will collaborate with you to identify training opportunities that may further hone skills in identified growth areas to best position graduates in our program to be maximally competitive in the professional trajectories they hope to advance in following internship. Our faculty possesses tremendous knowledge and experience in postdoctoral training, national networking connections to facilitate continued specialty study or work, the demands and expectations of faculty positions, and application competitiveness regarding VA and hospital careers. We welcome the opportunity to work with you to prepare for the next stage in your professional development.

Sample Intern Schedule

Sample Intern Schedule with PTSD Major and Substance Use Disorders Minor					
	Monday	Tuesday	Wednesday	Thursday	Friday
800		<u>SUD Therapy Case</u>	PTSD Orient. Group		PTSD PE Therapy Case
830	PTSD PE Therapy Case		PTSD Evaluation & Documentation		
900					
930					
1000	PTSD CPT Therapy Case	<u>Supervision</u>			
1030					
1100	PTSD CPT Therapy Case	PTSD CPT Case	<u>Relapse Prev. Group</u>	<i>Didactics Seminar</i>	
1130					
1200	Lunch	<i>VA Grand Rounds</i>	Lunch	<i>Case Conference</i>	<i>Prof. Dev. Lunch</i>
1230	<u>SUD Group</u>				
100		<u>SUD Therapy Case</u>	PTSD PE Therapy Case	<u>SUD Therapy Case</u>	Supervision
130	CPT Group				PTSD PE Therapy Case
200					
230					
300	PTSD PE Therapy Case	PTSD Team Meeting		PE Group Supervision	
330			<u>SUD Therapy Case</u>		
400					
* Unscheduled hours and no-show/cancelation appointments provide sufficient time for note writing, ad hoc supervision, workshops, and other didactic activities/readings					
	Major (24 hours)		<u>Minor (12 hours)</u>		<i>Didactics (4 hours)</i>

COMPETENCIES AND MINIMUM LEVELS OF ACHIEVEMENT FOR ENTRY AND SUCCESSFUL COMPLETION

The minimum levels of achievement we seek for the beginning of the internship are consonant with “Readiness for Internship,” which are seen in the document, “Assessment of Competency Benchmarks Work Group: A Developmental Model for the Defining and Measuring Competence in Professional Psychology,” which is available on the APA website in a revised form. See <http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>*

The minimum level of achievement for the successful completion of the internship is 2,000 hours of supervised participation of the program as well as the attainment/demonstration of at least 85% of the competencies at the “Readiness for Practice” level as seen in the revised Competency Benchmark document referenced above.

Because we strongly believe that clinicians require extensive knowledge of psychological theory and thought, a thorough didactic program is offered which complements the Intern's clinical work and includes (among other things) training in understanding the importance of research in clinical problems. The didactic offerings are not intended to recapitulate knowledge gained at the graduate, doctoral educational level in the classroom, but to broaden and expand understanding of advanced concepts, techniques, and practical understanding.

Further details are provided below in the sections on [Intern Supervision](#) and [Intern Evaluation](#).

Intern Supervision

Knowledge is enriched through experiential, supervised training involving direct provision of care to our Veterans. All Interns receive, at a minimum, two hours of scheduled individual supervision with licensed clinical psychologists during the week. Our site adopts a developmental model of supervision aimed at increasing clinical complexity over the course of the training experience in concert with the Interns’ initial level of skill and their developing abilities. Supervisors, in accordance with the APA Benchmarks of Competency described above, work with Interns to evaluate proficiencies in particular settings and collaborate to provide a trajectory for growing competence. This process serves to augment professional development with anticipation of successful attainment of entry-level generalist professional competencies across training domains by the completion of internship.

Supervisors at our program represent a diverse representation of clinical and supervisory orientations. As a result, our supervisory styles and expectations of Interns will vary. Our large faculty is highly committed to rigorous education and development of trainees and Interns have ample opportunity for ad hoc supervision as needed. Additional supervisory commitments will be determined in collaboration with the supervising faculty and/or rotation. For instance, many rotations involving highly specialized or technical skills may require additional supervisory time or preparation.

During each half of the internship year, Interns will meet for a minimum of one hour each with their Major and Minor rotation supervisors. Interns are expected to arrive at supervision

appointments prepared. Interns that will likely gain the most from this experience are those characterized by openness to learning that includes the abilities to receive and provide feedback respectfully and candidly. Major and Minor Rotation Supervisors will be primarily responsible for the completion and review of Intern performance and will provide verbal and written feedback during formal evaluation periods and as warranted throughout the year. The Training Directors and members of the Psychology Training Committee (PTC) may also provide further information for evaluation of performance as our Interns frequently interact and learn with other psychologists and interdisciplinary faculty. Supervision may involve direct observation of the supervisor, other staff, or Intern providing assessment or intervention activities; review of audio/videotaped material; and/or discussion of theory or empirical literature as it applies to a Veteran receiving care. Additionally, the Intern class engages in rotation/intervention specific group supervision, case conference meetings involving Staff and Intern presentation of case material, and didactic seminars that provide additional opportunity for Intern development.

Supervisors and Interns are expected to adhere to the policies outlined in VHA Handbook 1400.04 (Supervision of Associated Health Trainees). All providers of care are obliged to follow the APA Ethical Principles of Psychologists and Code of Conduct.

Intern Evaluation

Interns in the VAAHS Program are entitled to a reasonable expectation that faculty will be providing to them observations and feedback on their performance in professional tasks of assessment, treatment, and consultation. In addition, faculty is also expected to provide ongoing observations about the professional and scientific development of the Intern as they progress through the program.

Accordingly, it is always and continuously in order for Interns to request feedback or observations about their work. “How am I doing?” is a question that faculty are always to expect and respond to in a collegial and informative way.

More formal performance evaluation in the VAAHS Internship Program has several components. These include:

- 1) **The Benchmarks Rating Form:** Done at internship start and internship end by Intern Self-Rating with Director of Clinical Training Review
- 2) **Supervisor Rating of Intern:** Done at the end of the first rotation (6 months) and again at Internship end (12 months) with Director of Clinical Training Review
- 3) **Intern Competencies Evaluation:** (Assessment, Intervention, Consultation, Research): Done by Supervisors the end of the first rotation (6 months) and again at internship end (12 months) with Director of Clinical Training Review

Evaluation of performance is carefully linked to the overall mission and goal of the program to contribute to the development of competent clinical psychologists. The Program accomplishes this goal by placing internship training into an overall framework of training for the development of a Psychologist.

Background

The VAAHS Internship Program has adopted the **Benchmarks Evaluation System (BES)**, a leading framework for evaluation Intern and Program successes in attaining Competency Benchmarks for Professional Psychology. The BES model appeared very well suited to the VAAHS Internship Program for several reasons:

1. The BES distinguishes between foundational and functional Competencies
 Foundational competencies refer to the knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to carry out, (*e.g.*, an understanding of ethics, awareness and understanding of individual and cultural diversity issues, knowledge of the scientific foundations of psychology). Functional competencies encompass the major functions that a psychologist is expected to carry out, each of which requires reflective integration of foundational competencies in problem identification and resolution, (*e.g.*, assessment, intervention, consultation, research). The VAAHS emphasizes Functional Competencies.
2. The BES identifies specific points of development along a career development path that are relevant for internship training
 The document identifies a pathway for career development that is appropriate to the graduate-level training that Interns have just accomplished at the practicum, pre-internship level and sets the stage for the next levels of skill development. Competencies in this framework are not held out and listed in isolation.
3. The associated **Benchmarks Rating Form** allows for an ordinal level of appraisal and qualitative judgment
 Many versions of internship evaluation forms rely on Likert scale ratings of various attributes of Intern performance that, in the end, are not either accurate or meaningful in our experience. The present framework allows for an evaluation of whether a particular Functional Competency Level has been reached and can be appraised easily by the Intern and the Supervisor/Faculty. Accordingly, the VAAHS adopted this document as a framework for evaluation. This is included in the Internship Resource Guide.

The VAAHS also utilizes an additional evaluation form to add qualitative information to the evaluation process. This form is entitled, **“Supervisor Evaluation of Intern”**, and is intended to be guiding and consultative. The form is to be completed at the end of the first rotation and at the conclusion of the internship.

The Supervisor Evaluation of Intern forms and Intern Competency Benchmarks Ratings Evaluation forms are to be reviewed with the Intern and both Supervisor and Intern Sign the form indicating that it has been reviewed. As warranted, additional members of faculty may provide formal competency-related feedback based on direct oversight or experience with the Intern. These forms are turned into the DCT, who will aggregate the forms and provide consolidated feedback to the Interns at the end of the first rotation and at the completion of the internship.

RECIPROCAL EVALUATION AND INTERN RECOMMENDATIONS FOR THE PROGRAM

We are proud of our internship program and look forward to sharing it with Interns. We are committed to continued improvements and ongoing self-study of the training experience. Interns are asked for formal and informal perceptions, critical feedback, and recommendations for improving the clinical, supervisory, and didactic experiences. There are several methods for providing anonymous or public feedback to supervisors, the Training Directors, and/or the Psychology Training Team as well as more formalized procedures for feedback related to Intern grievances (see separate [Grievance Policy](#)).

INTERNSHIP DATES, ATTENDANCE/LEAVE, STIPEND & BENEFITS

Start Dates for 2016

The internship begins on the Monday prior to Labor Day. For the 2016-2017 training year, the starting date is Monday, August 29, 2016 and the completion date is Friday, August 25, 2017.

Attendance and Leave

Hours

Expected hours are Monday through Friday 8:00 a.m. to 4:30 p.m. Rarely, a training opportunity may require attendance outside of these hours.

Leave, Federal Holidays & Authorized Absence

As VA employees, the program provides 2.6 weeks of personal leave (vacation, childcare, etc.), sick leave (up to 2.6 weeks), and 10 paid Federal holidays. In some circumstances Interns may be permitted Authorized Absence for a limited variety of reasons (e.g., presentation at a national conference, interviewing for a permanent or postdoctoral position at a VA following internship, etc.). The Training Director and/or appropriate VA personnel must approve decisions regarding Authorized Absences.

Stipend and Benefits

Standard VA stipend support is available for Interns (stipend for 2016-2017 is \$26,059 per year). We anticipate stability in the amount of this stipend; but authority to set such stipends rests entirely within the VA's Central Office at the discretion of legislative and executive officials.

Interns are appointed as Federal Employees with eligibility for health benefits. Interns receive a joint University of Michigan (UM) appointment during their training. As described above the VA and UM training experiences provide further administrative, clinical, and research support for internship training.

INTERNSHIP POLICIES

Non-discrimination Policy and Commitment to Diversity

The Ann Arbor VA and our Training Committee ensure that applicants and trainees are not discriminated against in application to the Program and during their training experience. Our program places a strong value on diversity and multicultural competence including our formal non-discrimination policy, clinical and didactic programming, and the hospital's attention and value of employees and Veteran consumers with diverse backgrounds and experiences. Several members of our training team have strong interests in the domains of multicultural competence and cultural and individual diversity as reflected in their Staff Biographies and Peer-Reviewed publication list provided in the brochure.

The VAAHS Psychology Internship program adheres to the APPIC policy on non-discrimination, "Training agencies have practices which are nondiscriminatory in regard to race/ethnic background, gender, age, sexual orientation, lifestyle, and disabilities." The Department of Veterans Affairs is an Equal Opportunity Employer (EEO) and our training programs are dedicated to insuring a range of diversity within our internship. The internship program fully adheres to VA policy regarding EEO as detailed in AAVHA memoranda. We also abide by Federal Executive Order 13160 specific to nondiscrimination on the basis of "Race, Sex, Color, National Origin, Disability, Religion, Age, Sexual Orientation, and Status as a Parent in Federally Conducted Education and Training Programs."

Grievance Policy

Internship training at the VAAHS is an intensive collaborative enterprise that relies upon the good faith effort of both faculty and students. It involves respectful and candid cooperation and interaction between the parties, and demands at all times the honoring of the qualities and differences that characterize us as people; and led us to a profession where these unique parts of personhood represent not only salient features in our work, but elements of humanity to be celebrated.

Yet, it is inevitable in such close and sensitive professional work that differences of opinion, dislikes, or even disputes may occur. This is to be expected rather than feared, and the ways in which we deal with problems mark our growth as people and professionals. We prefer as a psychological community to deal with conflict in a spirit and framework of alternative dispute resolution (ADR).

No issue that gives rise to a feeling of having been misunderstood or mistreated is out-of-bounds for attention in this training program. The faculty is required to deal promptly and affirmatively with issues or problems they may have with Interns.

Similarly, Interns are enjoined to deal with their concerns in a forthright and candid way. The Training Director will respond in a timely and appropriate manner to support efforts to deal with problems. It is the Training Director's responsibility that the environment for grievance resolution is free from rancor, personal animus, fear, or reprisal.

We operate in the following framework:

Step One – Supervisor/Intern level (informal)

Intern or faculty member will bring the problem, issue, or grievance to the attention of his/her supervisor (or if it relates to the Training Director, to that person). The party bringing the problem, issue, or grievance to bear has the responsibility to communicate the nature of the complaint, its origins and duration as they know them, and what possible actions might be responsive. If the parties can agree on responses, steps, or adjustments to be made, no further action is needed. The complainant communicates the problem and its resolution informally to the Training Director.

Step Two – Intern/Training Director level (formal)

If step one is unsuccessful, the complainant will submit the grievance in written summary form with appropriate qualifying or explanatory information to the Training Director. The Training Director will have five working days to meet with the parties involved individually and conduct any fact-finding needed. Based upon this information, the Training Director will meet with the parties together and issue a finding and recommendations to the parties within 15 days of the issuance of the complaint.

Step Three – Psychology Training Committee level (formal)

If step two is unsuccessful, the Training Director will convene the entire training faculty to act as a committee of the whole. The training faculty will elect a *Chair pro tem* to manage the deliberations. Neither the Training Director nor the parties will be privy to this set of deliberations, except as invited by the training faculty to elicit information. Based upon their deliberations, the training faculty will issue its joint findings and recommendations within 20 days of the issuance of the complaint.

Step Four – Outside Mediation

If step three is unsuccessful, the *Chair pro tem* of the Training Committee that reviewed the complaint and did not find successful resolution will refer the matter to the Chief of Staff, VAAHS. The institution (through the Chief of Staff) will address the complaint through the use of an external mediator, preferably a psychologist with experience in Alternative Dispute Mediation. Recommendations from this process will be binding on all parties.

Due Process Policy

All Interns may be notified at any time that there is a serious concern about their professional performance. This is not a routine type of communication. Interns may also be informed that there are behaviors or conduct that are problematic for clinical care, training, or Staff/Intern welfare. This is not a routine type of communication.

In either of these events, it is essential that the Faculty/Staff member prepare a written concern. The written concern should be undertaken only after other steps to address the performance or behavior have been unsuccessful.

The written concern should set forth the following elements:

- 1) The training-specific activity where there is a performance problem or behavior that is problematic. This description must be detailed and documentation must be provided that demonstrates the problem.
- 2) The specific training objectives that the problem impacts.
- 3) Efforts that have been made to address the problem.

The Director of Clinical Training and the Associate Director of Clinical Training will review the written concern and may do additional fact-finding as needed. If there is evidence that a solution is possible at this point, this will be explored.

Within five (5) working days of the receipt of the written concern the Director of Clinical Training will meet with the Intern and present the written concern along with an initial assessment of its salience. If there is a further opportunity for resolution at this point, the matter will be suspended pending resolution. If there is not an opportunity for resolution, the Intern will have three (3) working days to present a written response to the written concern. The Associate Director of Clinical Training will meet with the Intern to discuss the written response.

The written concern and written response will be presented to the next scheduled meeting of the Psychology Training Committee (PTC) to which all members have been formally invited. A *Chair Pro-tempore* will be elected by the Training Committee to run the Training Committee during any proceeding in which a written concern and written response are receiving deliberation. The Director of Clinical Training will present the written concern and the initial analysis and the Associate Director of Clinical Training will present the Intern response.

The PCT may, by a 2/3 vote, impose the following sanctions:

- 1) Probation (with an opportunity to improve in concrete steps within a defined time period; after which the probation may be lifted, extended, or another sanction may be imposed).
- 2) Suspension (with a definite time frame; with opportunities to remediate as feasible and with consequences related to the remediation process).
- 3) Dismissal (after an adequate opportunity to improve has not been successful and a problem seems to be sufficiently severe or important).

The imposition, lifting, or extension of a sanction must be approved by a 2/3 vote of the training committee. Sanctions require written notification of the Intern and the parent academic program of the following information:

- 1) The reasons and circumstances causing the action.
- 2) The timeframe for the sanction (final in the case of dismissal).
- 3) Steps to take to lift the sanction (except in the case of dismissal).
- 4) Consequences of training responses to the opportunity to improve (except in the case of dismissal).

Sanctions may be appealed within 15-calendar days notification. Appeal steps are as follows:

- 1) Written appeal to the training director and associate training director. An appeal decision will be given with notification within five working days.
- 2) If unsuccessful in step one, the Intern may appeal to the Psychology Training Committee and appear to present their case. An elected *Chair Pro Tempore* will chair the Committee. A two-thirds vote of the PTC excluding the training directors is required to sustain a sanction.
- 3) If this step is unsuccessful the Intern may appeal to the Associate Chief Of Staff for Education (ACOS-E) of the VAAAHS, who will review the matter and render a decision within 10 working days that will be binding on the program and the Intern.

Advisement and Termination Policies

The VAAAHS Internship-Specific **Due Process Policy** will govern dismissal from the psychology internship. Dismissal from is a grave consequence and is an action taken only in response to serious and persistent performance problems that render the Intern's performance ineffective or potentially harmful to patients; or if there are behavioral problems that are 1) persistent, and interfere with the educational, clinical, research operations of the VAAAHS or 2) breaches of personal conduct that are harmful to patients, staff, or 3) offenses that breach VA regulations requiring dismissal or are commonly viewed as serious under the law.

A pattern of behaviors that would normally result in sanctions under the Michigan Psychology Licensing Act or that would be found as inimical to the APA Ethical Principles and Code of Conduct would be representative standards for consideration of such behaviors.

In cases where dismissal occurs, the Intern must pass through the normal clearance procedures dictated by Human Resources. All VA/UM materials and property must be surrendered, including identification cards. The program will retain the Intern training file in a secure manner. The event will be reported in summary and redacted form to the Commission on Accreditation, and the program will respond to any inquiries except any guidance offered by the CoA. Inquiries concerning the tenure of the Intern will receive a response indicating that they did not complete the program. Documentation of the events leading to the dismissal will be retained with the Program's usual training files for a period of seven years and then would be destroyed in a secure fashion. The essential VA personnel file is maintained separately and is subject to Federal document and OPM regulations.

APPIC Policies

As a participating member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), this internship adheres to APPIC policies. This includes, but is not limited to, the APPIC Policy on Internship Offers and Acceptances. Our faculty and facility will not offer, solicit, accept, or utilize any ranking-related information specific to any Intern applicant. Our program participates in the APPIC computer-matching program and abides by Association practices regarding notification of matched Interns.

Other Internship Policies

Additional policies regarding the VAAHS Internship Program are available at <http://www.umich.edu/~gusb/Policies/>*

APPLICATION PROCESS & ELIGIBILITY REQUIREMENTS

Application Submission

APPIC has an online application process (AAPI Online). Click [HERE*](#) for information on submitting your application online.

For the 2016-2017 internship year, all applications received by November 2, 2015 will be guaranteed consideration. While this program may consider applications coming into the AAPI portal after that date, consideration is not guaranteed. This allows sufficient time to review the applications before the two Open Houses in January of 2016 (see below). This program does NOT require any materials supplemental to the AAPI online.

Eligibility

Clinical Psychology internships at VAAHS are available to advanced students in APA-approved Clinical or Counseling Psychology Doctoral (Ph.D. or Psy.D.) programs. This internship may only appoint those who are United States Citizens. Each Intern is subject to Federal employment policies and procedures that include a background check. Veterans are especially invited to apply. All male applicants must have registered from the Selective Service (ordinarily within 30 days of his 18th birthday; but in no case after he has reached his 26th birthday). Interns are appointed as term Federal Employees and subject to all regulations governing such employment,

Applicants must be formally matriculated and in good standing with a graduate program in Clinical or Counseling Psychology accredited by the American Psychological Association's Commission on Accreditation.

This program may only consider applicants from programs accredited by the Commission on Accreditation of the American Psychological Association. Only students in their full third year graduate program year and beyond will be considered for internship.

This internship program endorses and adheres to the following readiness for internship criteria promulgated by The Council of University Directors of Clinical Psychology (CUDCP) (see <http://cudcp.us/>* for complete details):

- 1) The applicant meets or exceeds foundational and functional competencies for “Readiness for Internship” as outlined by the Revised Assessment of Competency Benchmarks in

Professional Psychology. <http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>*

- 2) The applicant has successfully completed a master's thesis (or equivalent).
- 3) The applicant has passed program's comprehensive or qualifying exams (or equivalent).
- 4) The applicant's dissertation proposal has been accepted at the time of application to the internship.
- 5) The applicant has successfully completed all required course work for the doctoral degree prior to starting the internship (except hours for dissertation and internship).
- 6) The applicant has completed an organized, sequential series of practicum experiences that involve formalized practicum experience in evidence-based assessment and therapy. The Trainee completed at least 450 face-to-face hours of assessment/intervention and at least 150 hours of supervision by a clinical psychologist who routinely employed individual and/or group supervision models and one or more of the following intensive supervision methods (e.g., direct observation, co-therapy, audio/videotape review). An AAPI total of at least 700 hours is strongly recommended.
- 7) The applicant has contributed to the scientific knowledge within psychology, as evidenced by one or more of:
 - Publication contributions to papers, chapters or monographs
 - Participation and/or presentation of posters or papers at regional, specialty or national meetings
 - Organized participation in funded research
 - Formal teaching
 - Participation in student or trainee components of professional organizations (e.g., APAGS, INS, ISTSS, RSA, etc.).

INTERN SELECTION, INTERVIEW POLICY & OPEN HOUSE INFORMATION

Intern Selection

Each completed application meeting minimum qualifications is assigned to three faculty readers. Readers who identify any conflict of interest or basis for bias return that application for another in its place. The raters make systematic assessments of 1) preparation, 2) letters of recommendation, and 3) likely synergy or "goodness-of-fit" between the applicant and this program. This program's evaluation of the practica experiences of applicants is both qualitative and quantitative in nature. The balance of assessment, intervention, and supervision hours is considered in the light of the applicant's stated career goals.

The ratings are aggregated and rank ordered. Discussions occur during designated faculty review sessions that lead to a final rank order list. The faculty makes a considered judgment of the

frequency, nature, and complexity of such experiences needed to function capably in the VAAHS Internship.

Applicants seeking internship at VAAHS should optimally have practicum experiences which will serve to prepare them for training which will take place with patients who have both psychological and medical problems. One goal of the internship is to prepare psychologists who will be able to practice in medical center settings. The selection of practicum experiences may also be best guided by choosing settings where there is an opportunity to learn about the scientific or literature basis for the clinical activity taking place; or to learn introductory lessons about evidence based treatments.

The VAAHS program considers practicum hours to be ones that introduce psychologists to the general kinds of professional activities that will characterize what they will be doing in their clinical careers as Psychologist caregivers. They are essentially similar to clerkships in that learners are allowed to observe, demonstrate basic understanding, and participate in limited and closely supervised care. The emphasis of practicum-level training is procedural and imitative in learning terms for most professions; and Psychology is no exception.

However, applicants are also encouraged to review the ASPPB Guidelines on Practicum Experience for Licensure. These recent guidelines provide a valuable aspirational guide for what practicum experience could be at its best at some future developmental juncture.

http://www.asppb.net/files/public/Final_Prac_Guidelines_1_31_09.pdf*

Interviews

Interviews are not part of our selection process. While we welcome communications and questions from applicants, the evaluation and ranking of applicants is based upon the application. Applicants should not attempt to secure individual interviews. Visits to the facility may be arranged, however, particularly in the event that an applicant cannot attend the Open House program (see below).

Open Houses

Open Houses are held to provide informational opportunities to see the setting and hear from the faculty and current Interns. All applicants are invited to attend one of the two Open Houses on January 13 and 20, 2016 for the internship year 2016-2017. **The attendance at the Open House is at the discretion of the applicant, not mandatory, and will not affect ranking decisions.**

It should be noted, applicants perceived to have an exceptionally good fit with our training may receive an e-mail reminder or other individual contact from Ann Arbor VA Faculty reminding them of the Open House. Lack of communication from our faculty does not indicate that your application is not being considered for ranking purposes. The open house starts at around 8:30 (official welcome at 8:15 AM) and lasts until about 1 PM. The event is held in the Mental Health Service Grand Conference area. There is a lunch (pizza & salad) hosted by us at around noon at which internship applicants can meet and talk to staff and our current Interns and postdoctoral Residents in rotation-based breakout groups between which applicants may rotate as they wish.

If you would like to come to one of the Open Houses, Please send us an e-mail message using the link to a dialogue page that appears on the [Open House*](#) Web page. It should be noted that Open House attendance is not a requirement for selection; the Open House is primarily designed to allow you to see if our training site is a good match for your training goals.

Driving Directions



VA Ann Arbor Healthcare System
2215 Fuller Rd
Ann Arbor, MI 48105
(734) 769-7100

From US-23

Take EXIT 39, GEDDES ROAD WEST (Geddes becomes Fuller) for a about 2 ¼ miles.

The entrance to the patient/visitor parking structure is at the intersection of FULLER and GLAZIER WAY

From west of Ann Arbor

EXIT I-94 at US 23 NORTH

Then use the directions above

From the west side of Ann Arbor

Take HURON STREET into downtown Ann Arbor

Turn left on GLEN AVENUE (Glen becomes Fuller)

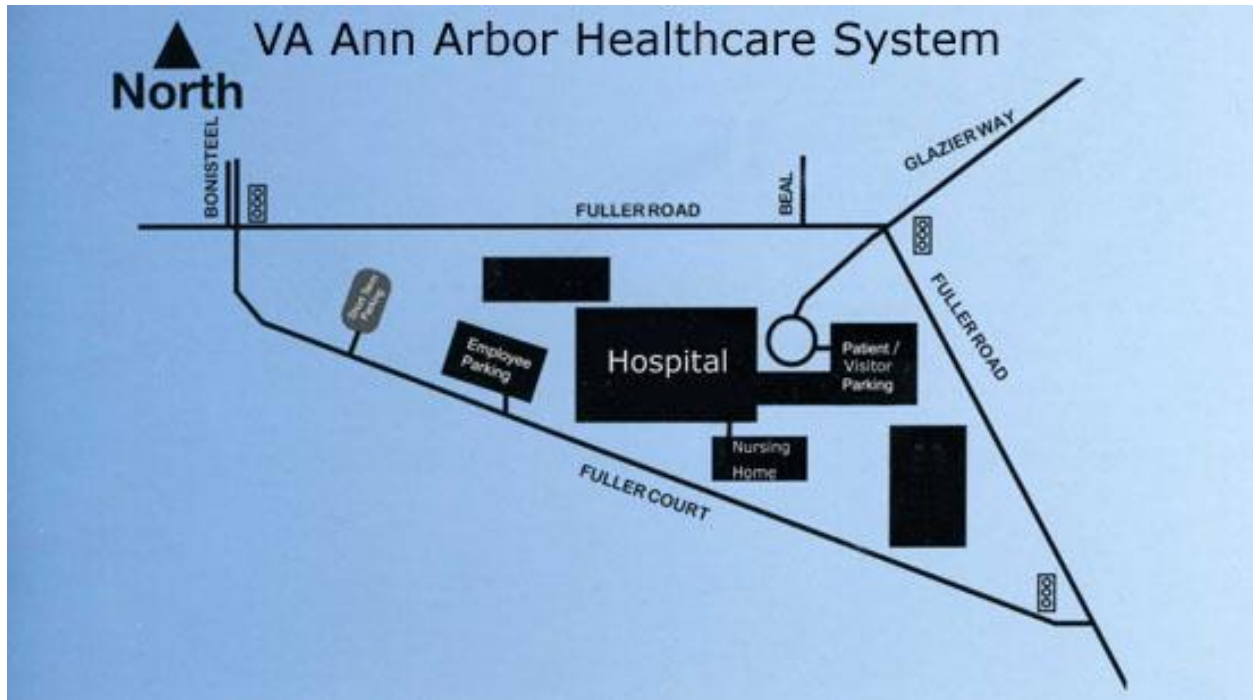
Regional Airline Information

The nearest major airport, Detroit Metropolitan Wayne County Airport (DTW), is approximately 30 miles east of the VA in Detroit. Toledo Express Airport (TOL) is about 60 miles to the south.

Public Transportation Information

The VA Medical Center is on the Ann Arbor city bus line; departures and arrivals are scheduled frequently throughout the day. The pick-up and drop-off is located in front of the main entrance of the medical center. A link is provided to assist you with bus schedules. [Ann Arbor Transportation Authority Website*](#)

Open House Location



Open House attendees are welcome to park in the patient/visitor parking structure. You will be provided with directions in to the open house after you provide your RSVP. Several information booths with friendly volunteers are available on the first floor.

CONTACT THE TRAINING DIRECTOR

Kenneth M. Adams, Ph.D., ABPP
 Associate Chief for Educational Programs & Training Director
 Mental Health Service (116B)
 VA Medical Center
 2215 Fuller Road
 Ann Arbor, MI 48105-2303
 (734) 845-3602 (Voice)
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TRAINING STAFF BIOGRAPHIES



Kenneth M. Adams, Ph.D., ABPP

Director of Clinical Training, Clinical Psychology Internship Program;

Associate Chief for Educational Programs and Training Director Psychological Assessment and Applied Research Supervisor

kmadams@med.umich.edu

Dr. Adams is the Director of Clinical Training and Associate Chief of Mental Health Services. He concurrently holds the positions of Professor at the University of Michigan's Department of Psychiatry and Professor of Psychology, University of Michigan Department of Psychology, LS&A. Dr. Adams completed his Ph.D. at Wayne State University. He specializes in Clinical Neuropsychology or neuromedical disorders and is an ABPP Certified Diplomate in Neuropsychology and Clinical Psychology. He is closely involved with internship training through didactic, supervisory, and programmatic activities. Dr. Adams' clinical and research interests include brain dysfunction, dementia, brain trauma, health injury, and alcoholism dysfunction; brain and behavior problems secondary to medical diseases; abnormal aging; long-term effects of medical illness on neuropsychological and emotional adaptation; effects of neurotoxic exposures; methodology and neuroimaging in brain-behavior studies; child neuropsychological risk factors and their effect of adult outcomes; and recovery from brain damage and dysfunction. He is Past President of the International Neuropsychological Society, APA Division 40, and the Association of VA Psychologist Leaders. He is a Member of the VA's Rehabilitation Research and Development Merit Review Board and VA National Psychology Professional Standards Board. He is founding Co-Editor of **The Clinical Neuropsychologist**. He has served on the major editorial boards of **Psychological Assessment**, **Archives of Clinical Neuropsychology**, **Journal of Clinical and Experimental Neuropsychology**, **Psychology and Aging**, and **Neuropsychology**. In addition to supervision of Interns in the Assessment rotations, Dr. Adams continues to be actively involved in research and is accepting Interns in the Applied Clinical Research minor rotation.

Linus A. Bieliauskas, Ph.D., ABPP

Neuropsychology, Psychological Assessment and Applied Clinical Research Supervisor

linas@umich.edu

Dr. Bieliauskas is a Clinical Neuropsychologist at the Ann Arbor VA and Professor of Psychology in the Departments of Psychiatry and Psychology at the University of Michigan and is the Training Director in the Neuropsychology Section. He is board certified in Clinical Psychology and Clinical Neuropsychology through ABPP. He received his Ph.D. from Ohio University and completed his internship in Clinical Psychology at the VA and Shands Teaching Hospital in Gainesville, Florida. His primary clinical interests are in cognitive and affective changes in normal and abnormal aging. His research activities include studies of the impact of cognitive aging on functional competence, interactions between depression and cognitive aging,



cognitive effects of chronic disease and its treatment, and interactions between affective and cognitive impact of traumatic brain injury. He is senior editor of the journal **Aging, Neuropsychology, and Cognition**, and serves on the editorial boards of **Neuropsychology**, **Neuropsychology Review**, **Journal of Baltic Psychology**, **Journal of the International Neuropsychological Society**, **Psychologia**, and **The Clinical Neuropsychologist**. Dr. Bieliauskas supervises the internship rotation in the Community Living Center (VA nursing home unit), and is available for supervision of minor rotations in Assessment, and Applied Clinical Research.



Amy Bixler, Psy.D.

Supervisory Psychologist, Toledo Community-Based Outpatient Clinic
amy.bixler2@va.gov

Dr. Bixler is the Chief of Clinical Services of the VA Mental Health Clinic at the Toledo Community Based Outpatient Clinic. She also serves as a supervisor for University of Toledo doctoral psychology students completing practicum training. She holds an academic Clinical Instructor appointment with the Department of Psychiatry, University of Michigan

Medical School. Dr. Bixler completed her Psy.D. at the University of Indianapolis. Her clinical interests include trauma-based treatment, dialectical behavioral therapy implementations, anger management, and personality disorders.



Lindsey Bloor, Ph.D., ABPP

Health Behavior Coordinator
 Health Psychology and Female Veterans Health Supervisor
lindsey.bloor2@va.gov

Dr. Bloor is a Clinical Psychologist in the Health Psychology program at the Ann Arbor VA and Clinical Assistant Professor of the Department of Psychiatry at the University of Michigan. She is a graduate of the

University of Utah and is an ABPP Diplomate. Her clinical interests include Veterans' behavioral health, primary care mental health integration, and Female Veterans. She serves as a primary supervisor for Interns electing the Health Rotation. In addition, she oversees those in the Female Veterans Mental Health rotation with primary goals of incorporating the intersections of military culture, gender, and behavioral health within an integrated healthcare setting. Her research interests primarily concentrate in the areas of social support and mental and physical health; mediators and moderators of the social support-health association; gender and cultural distinctions with social support and health; and coping with chronic conditions.



Nicholas W. Bowersox, Ph.D.

Psychosocial Rehabilitation & Recovery (PSR&R) Supervisor
Nicholas.Bowersox@va.gov

Dr. Bowersox is a Staff Psychologist in our Psychosocial Rehabilitation and Recovery Center (PRRC), an Evaluation Specialist at the National Serious Mental Illness Treatment Resource and Evaluation Center, and a member of

the University of Michigan Medical School's Department of Psychiatry. He received his doctoral degree in Clinical Psychology from Marquette University and completed our VA Advanced Fellowship in Health Services Research Program. Dr. Bowersox' clinical and research interests include evaluating treatment disparities for patients with serious mental illness (SMI), evaluating systems-wide treatment patterns for patients with SMI with the goal of identifying factors associated with improved functioning and reduced disability, investigating reasons for loss-to-care and treatment resumption for patients with SMI, and investigating the intersection of recovery and integrated care for patients with SMI within the VA medical system.



Henry "Gus" A. Buchtel, Ph.D.

Section Head, Neuropsychology;

Director of Psychology Training UM Department of Psychiatry

Neuropsychology and Psychological Assessment Supervisor

gusb@umich.edu

Dr. Buchtel is a Clinical Neuropsychologist and Neurology Section Head at our VA. He holds appointments with the Ann Arbor VA and University of Michigan Department of Psychiatry. He is the Director of Psychology Training for the University of Michigan and Chair of the VA Committee for the Prevention and Management of Disruptive Behavior. Dr. Buchtel accomplished his doctoral training at McGill University. He completed postdoctoral training and senior postdoctoral specializations with the Instituto di Fisiologia, University of Pisa; Ann Arbor VA Medical Care; National Hospital for Nervous Diseases, London; Instituto di Fisiologia Umana, University of Parma; and the Montreal Neurological Institute. His clinical interests include epilepsy and epilepsy surgery, dementia, functional brain imaging (PET & fMRI) and amnesic disorders. His research foci include brain and behavior relationships; language abilities after anterior temporal lobectomy; attention, consciousness, and frontal lobe functions; and brain organization of face recognition. Dr. Buchtel leads the UM/VAAAHS Consortium Postdoctoral Psychology Training Network. He is a Member of the Editorial Board of **Cortex** and Consulting Editor for the **Journal of Clinical and Experimental Neuropsychology**.

Stephen T. Chermack, Ph.D.

Chief, Mental Health Service

SUDC and Applied Research Supervisor

Chermack@umich.edu



Dr. Chermack is the Chief of the Ann Arbor VA's Mental Health Service and Associate Professor in the University of Michigan's Department of Psychiatry. Since joining VAAAHS, he has previously served as the Chiefs of the Outpatient Mental Health Clinic and the Outpatient Substance Use Disorders Clinic (SUDC). He completed his doctoral training at Kent State University followed by a fellowship in Psychology/Substance Abuse at the University of Michigan Addiction Research Center. Dr. Chermack serves as a supervisor in the SUDC rotations and trainer for the Motivational Interviewing Workshop. He has several research and program evaluation interests including the relationships between

alcohol, drugs, and violence; development and implementation of violence prevention interventions for men and women with substance use disorders; substance use disorder treatment engagement and outcome research; impact of brief interventions based on Motivational Interviewing in a variety of health care settings (e.g., primary care and ED settings, samples include adults and at-risk adolescents); health services utilization and care quality (e.g., depression care in the Veterans Administration, predictors of treatment engagement and utilization for individuals with and without comorbid psychiatric substance use disorders). Dr. Chermack has several current grants supported by the VA HSR&D, NIAAA, Department of Veterans Affairs, and NIH and supervises Interns with related interests opting for the Applied Research Minor.



Heather M. Cochran, Ph.D.
PTSD-SUD Specialist

Advanced Assessment for Outpatient Treatment Planning, DBT, and
Applied Research Supervisor

Heather.cochran@va.gov

Dr. Cochran is a Staff Psychologist in the PTSD and SUDC clinics at the Ann Arbor VA. She completed her Ph.D. in clinical psychology at Central Michigan University, and her predoctoral internship at the University of Oklahoma Health Sciences Center. Her clinical interests include evidence based PTSD treatment and integrating trauma-focused treatment with interventions for concurrent conditions, particularly substance use disorders (SUD) and borderline personality disorder. Dr. Cochran serves as a VA Consultant in Prolonged Exposure (PE) Therapy for the national dissemination of PE, and locally she provides supervision to psychology trainees utilizing PE or Cognitive Processing Therapy (CPT). She is involved in program development for veterans with PTSD and SUD diagnoses as well as the provision of concurrent PE and Dialectical Behavior Therapy (DBT). Her research interests primarily concentrate in treatment outcome for evidence based interventions for trauma survivors as well as pathways to treatment for sexual trauma survivors.

Amy Collings, Ph.D.

Health Behavior Psychologist, Flint CBOC
amy.collings@va.gov



Dr. Collings is the Health Behavior Psychologist at the Community-Based Outpatient Clinic (CBOC) in Flint. She completed her Ph.D. at Eastern Michigan University and her health psychology focused postdoctoral fellowship at Genesys Regional Medical Center through the Consortium for Advanced Psychology Training, Michigan State University College of Human Medicine. Her clinical interests include integrated primary care, weight management, tobacco cessation, behavioral pain management, and the implementation of empirically supported treatment. Research interests surround integrated primary care and eating behavior.



Kayla Conrad, Ph.D.

Local Evidence Based Psychotherapy Coordinator

Kayla.Conrad@va.gov

Dr. Conrad is an attending Clinical Psychologist in the Mental Health Clinic (MHC). She earned her Ph.D. in Clinical Psychology at the Fielding Graduate University and holds a clinical faculty position at the University of Michigan Department of Psychiatry. Dr. Conrad specializes in the treatment of depression, both chronic and acute; insomnia; and anxiety disorders. She is certified in Cognitive Behavioral Analysis System of Psychotherapy for the treatment of chronic depression and has been trained in Interpersonal Psychotherapy, Motivational Interviewing, and cognitive behavioral treatments. In addition to the latter, Dr. Conrad has been trained in psychodynamic methods and brings her combined training background to her work at MHC. Her research interests are in the areas of chronic depression and insomnia. Dr. Conrad also has a strong interest in evidence-based psychotherapies and is the Local Evidence Based Psychotherapy Coordinator for the Ann Arbor VA and its affiliated Community Based Outpatient Clinics (CBOCs).



Jennifer Coughlin, Psy.D.

Substance Use Disorders Clinic

SUDC Supervisor

Jennifer.Coughlin@va.gov

Dr. Coughlin is a Staff Psychologist in the outpatient Substance Use Disorders Clinic. She earned her Psy.D. from the PGSP-Stanford Psy.D. Consortium. She is trained in the assessment and treatment of gambling addiction and dual diagnosis. Dr. Coughlin completed her postdoctoral fellowship in Addictions at John D. Dingell VA in Detroit where she focused on the treatment of dual diagnosis, particularly PTSD-SUD, as well as working with general addictions within the Intensive Outpatient Program. Her clinical interests include motivational enhancement and cognitive behavioral techniques for the treatment of addiction, gambling addiction, and dual diagnosis.



Brent Coy, Ph.D.

PACT Pain Psychologist

Pain Management/Health Psychology Supervisor

william.coy@va.gov

Dr. Coy is a Clinical Psychologist in the Health Psychology program and an Instructor with the UM Medical School's Department of Psychiatry. He earned his Ph.D. in Clinical Psychology from Bowling Green State University. Dr. Coy specializes in health psychology, pain management, interventions for wellness, managing chronic disease, and CBT for anxiety

disorders. His research interests include the role of anxiety in rehabilitation outcome and factors influencing healthy behavior change. He serves as an Intern Supervisor for the Health Psychology/Pain Management minor rotation.

Tim DeLong

Education Program Specialist

Timothy.Delong@va.gov

Tim DeLong serves as the AAVHS Education Program Specialist for the training programs and is a retired Army Aviator. He earned his M.S. in Accountancy and Business Administration at Walsh College and is an Adjunct Faculty at the University of Phoenix. Mr. DeLong coordinates didactic and experiential training and continuing education at the Ann Arbor VA for staff, psychology trainees, medical residents, social work students, and visiting experts. Specific to the internship program, he is engaged in program evaluation and recommendations based on Intern satisfaction and skill acquisition related to our didactic offerings.



Cathy Donnell, Ph.D.

Primary Care Mental Health Supervisor

cathy.donnell@va.gov

Dr. Donnell is an attending Staff Psychologist for the Primary Care Mental Health Clinic. She holds a Clinical Assistant Professorship at the UM Psychiatry Department and an Adjunct Faculty position with Eastern Michigan University. Dr. Donnell is also associated with private practice work entailing bariatric surgery evaluations and psychotherapy for adults with affective disorders and women with reproductive health issues. She completed her Ph.D. at George Washington University and Postdoctoral Fellowship at the University of Michigan's Physical Medicine and Rehabilitation Program. Dr. Donnell's clinical interests include the application and efficacy of Acceptance and Commitment Therapy (ACT) with different clinical populations, application of evidence based psychotherapies to primary care populations, problem solving therapy/training, and health psychology. Her research foci include Primary Care Mental Health interventions and use of evidence based therapies, coping with chronic illness, palliative care and family grief responses among Veterans, application of ACT, health psychology and women's mental and physical health (specifically related to Ob/Gyn), and examination of psychological constructs in the prediction of pain and function among chronic pain populations (e.g., pelvic pain, fibromyalgia, back pain).



Todd K. Favorite, Ph.D.

PCT and Mental Health Clinic Supervisor

tfavor@umich.edu

Dr. Favorite is an attending clinical psychologist on the PTSD Clinical Team at the Ann Arbor VA. He earned his Ph.D. in Clinical Psychology at Fielding Graduate University. He has been the director



of the University of Michigan Psychological Clinic since 2010. He holds a clinical faculty position in the University of Michigan Department of Psychiatry. His clinical and research areas are in the area of the co-occurring symptoms of PTSD, chronic depression, and insomnia. From a psychological training perspective, Dr. Favorite has a background in psychodynamic as well as cognitive-behavioral methods and views the psychotherapy integration as an important evolution in the practice of psychosocial treatments. He is internationally certified as an advanced trainer for the [Cognitive Behavioral Analysis System for Psychotherapy \(CBASP\)*](#) and has conducted research and published on the use of this integrative system of treatment for co-existing psychological symptoms.



Benjamin Hampstead, Ph.D., ABPP

Neuropsychology and Applied Research Supervisor

bhampste@med.umich.edu

Dr. Hampstead is a board-certified Clinical Neuropsychologist who earned his PhD in Clinical Psychology (Neuropsychology emphasis) from Drexel University. He is an Associate Professor in Psychiatry and Staff Neuropsychologist in the VA Ann Arbor Healthcare System. Dr. Hampstead's research focuses on non-pharmacologic approaches to maximize cognitive functioning in older adults. Specifically, he uses techniques like cognitive rehabilitation and non-invasive electrical brain stimulation to enhance learning and memory, typically within the context of a randomized controlled trial format. Dr. Hampstead integrates these techniques with functional and structural neuroimaging in order to predict treatment response, identify the neuroplastic changes following treatment, and plan/develop new interventions. Funding for this work has or currently does come from the Department of Veterans Affairs, National Institute on Aging, and the Michigan Alzheimer's Disease Center. Dr. Hampstead also has an active line of research evaluating the use of brain stimulation as a novel treatment for our Veterans with posttraumatic stress disorder thanks to funding from the National Institute of Mental Health.

Brian Hayes, MA, LLP

Chief Psychometrist

Brian came to Ann Arbor in 2013 after three years at the Southern Arizona VA Healthcare System in Tucson. He oversees the day-to-day administrative operations of the neuropsychology service as well as seeing Veterans. Additionally, he represents the Mental Health Service on the Employee Satisfaction Committee. Before coming to the VA, Brian was a psychotherapist in private practice in Kalamazoo, Michigan. He holds a Master's degree in Counseling Psychology from Western Michigan University. Prior to entering the mental health field, Brian had a successful 25-year career as a radio broadcaster in various markets around the country.



Mark Ilgen, Ph.D.

Applied Clinical Research and Mental Health Clinic Supervisor

Mark.Ilgen@va.gov

Dr. Ilgen is a Clinical Psychologist at the Ann Arbor VA. He also holds the positions of Associate Professor at the University of Michigan Department of Psychiatry and Research Investigator with the Department of Veterans Affairs, National Serious Mental Illness Treatment Research and Evaluation (SMITREC), HSR&D Center of Excellence. He obtained his Ph.D. at the University of Colorado. Dr. Ilgen's primary interests include treatment evaluation research on methods for improving the treatment of alcohol or drug use disorders, examining of the association between alcohol or drug use and risk for suicide, intervention development and evaluation for treating chronic pain in individuals with alcohol or drug use disorders, and health services research on program policies linked to varying rates of suicide.



Elizabeth A. Imbesi, Ph.D.

Supervisory Psychologist, Toledo Community-Based Outpatient Clinic

Elizabeth.Imbesi@va.gov

Dr. Imbesi is the attending Psychologist in the Primary Care Mental Health Clinic at the Toledo Community Based Outpatient Clinic. She received her Ph.D. from the University at Buffalo. She completed her internship at the VA Western New York Healthcare System, and received specialized training in Health Psychology/Primary Care Psychology during her fellowship at the Consortium for Advanced Psychology Training, Michigan State University College of Human Medicine. Her clinical and research interests include diabetes management, chronic pain, psycho-oncology, multiculturalism, technology, and ethics.



Carol Lindsay-Westphal, Ph.D.

Primary Care Mental Health
Health Psychology Supervisor

Dr. Lindsay-Westphal earned her degree in Clinical Psychology from Northwestern University, where she completed the health psychology training track. Her primary interest is facilitating lifestyle change for enhanced health. During her career she has worked in tobacco cessation, the VA's MOVE Program for weight management, psychology training, and the outpatient Mental Health Clinic. She holds VA certification in Acceptance and Commitment Therapy for Depression, and Prolonged Exposure Therapy for PTSD. As the Bariatric Psychologist, she completes pre-surgical psychosocial evaluations for weight loss surgery candidates, and assists with their pre- and post-surgical adaptation. Dr. Lindsay- Westphal also enjoys trainee supervision and contributing to the multidisciplinary Bariatric Surgery Team.

Rebecca Lusk, Psy.D., ABPP

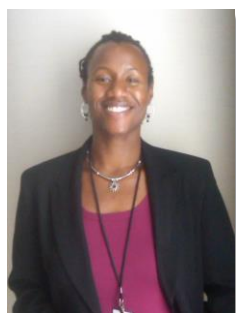
Assistant Chief, Mental Health Clinic (MHC)

Mental Health Clinic and DBT Rotation Supervisor

rebecca.lusk@va.gov



Dr. Lusk is the Assistant Chief of the VA Mental Health Clinic. She holds an academic Clinical Instructor appointment with the Department of Psychiatry, University of Michigan Medical School. Dr. Lusk completed her Psy.D. at the University of Indianapolis and her postdoctoral fellowship with the Consortium for Advanced Psychology Training, Michigan State University College of Human Medicine. She is an ABPP Diplomate. Her clinical interests include cognitive behavioral applications and treatment outcomes, health and behavior change, borderline personality disorder, and the implementation of empirically supported treatment. She is involved in research activities concentrating on pre-treatment intervention in preparation for psychotherapy and program evaluation outcomes.



Saudia Major, Ph.D.

Home Based Primary Care

Saudia.Major@va.gov

Saudia Major, PhD, is a Clinical Psychologist at the VA Hospital in Ann Arbor, MI. She works in the Home Based Primary Care program, serving geriatric Veterans who suffer from chronic, medical ailments and subsequent depression and anxiety. Dr. Major also provides behavioral health services to seniors in skilled nursing facilities throughout SE Michigan. Dr. Major earned her doctorate in Clinical-Community Psychology from the University of South Carolina. She completed her internship and residency at Florida State Hospital, a forensic psychiatric hospital in Chattahoochee, FL. She has volunteered for the NMSS since 2004, and was a member of the NMSS North Florida Chapter Clinical Advisory Committee during her residence in FL. Clinical interests include suicide prevention, dementia, & caregiver stress. Dr. Major has been involved in research exploring the benefits of exercise on disease management, specifically mental illness and Multiple Sclerosis. Prior areas of research have included attachment theory, relationship satisfaction, and cardiovascular reactivity.

Clayton “Beau” Nelson, Ph.D.

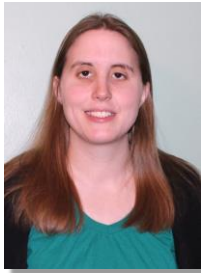
Local Recovery Coordinator

Psychosocial Rehabilitation & Recovery and Applied Research Supervisor

Clayton.Nelson2@va.gov



Dr. Nelson is a Clinical Psychologist and the Local Recovery Coordinator for the VA Ann Arbor Healthcare System, and holds an Assistant Professorship with the University of Michigan Medical School. Dr. Nelson completed his doctoral degree at the University of Missouri-Kansas City and an Interprofessional Postdoctoral Fellowship in Psychosocial Rehabilitation and Recovery at the San Diego VA. His clinical interests include psychosocial rehabilitation, cognitive-behavioral therapy, motivational interviewing, and mental health recovery for individuals diagnosed with serious mental illness, particularly psychotic-based disorders. His research concentrates on psychophysiological indices of attentional and affective processes, motivational factors promoting mental health recovery, and computer-based interventions.



Katherine Porter, Ph.D.
Director, Practicum Training Program
PCT and Applied Research Supervisor
Katherine.Porter2@va.gov

Dr. Porter is a Clinical and Research Psychologist at AAVHS and Clinical Assistant Professor with the University of Michigan Medical School. She earned her doctoral degree at Eastern Michigan University. She currently serves as PI for multisite treatment outcome study and provides oversight of the VAAAHs practica training experiences. Dr. Porter's clinical and research foci include treatment outcomes with Veterans experiencing PTSD; improving access to care for empirically supported PTSD interventions; the intersection of trauma and perceived pain; reliability and validity of psychometric instruments; relationships between repeated trauma exposure and subsequent development of anxiety symptoms; and differential diagnoses specific to anxiety. She is actively involved in several research activities with the PTSD Research Team.



Steven Putnam, Ph.D.
Compensation & Pension and Assessment Supervisor
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Dr. Putnam earned his doctoral degree at the University of Illinois, Urbana-Champaign. He is a Staff Psychologist specializing in Neuropsychology. He oversees and conducts specialized evaluations within the AAVHS with Veterans currently seeking compensation and pension claims for psychiatric sequelae of military service. Dr. Putnam is integral member of several of the assessment rotations offered through the internship program and provides advanced assessment didactics on MMPI-2 assessment with Veterans. His clinical and research interests include selection and utility of personality and neuropsychological assessments following head injury and factors associated with examinee testing effort.

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Dr. Ransom is a Clinical Neuropsychologist and works in the Compensation & Pension department in Ambulatory Care at the Ann Arbor VA. He received his Ph.D. from the University of North Dakota and completed his postdoctoral training in Clinical and Research Neuropsychology at the University of Michigan. His primary clinical interests include the neuropsychology of mood disorders, dementia, traumatic brain injury, and sports concussion. His research activities have focused on cognitive functioning (particularly executive functioning) in individuals with mood disorders, with a focus on depression.





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Dr. Roberts is a Health Psychologist at the Toledo CBOC. She completed a Ph.D. in Clinical Psychology with a specialization in Health Psychology from the University of Kansas in 2007. Dr. Roberts obtained her postdoctoral training in Rehabilitation Psychology and Neuropsychology at the University of Michigan. Current clinical interests include adjustment and coping with chronic illness/disability, weight management, diabetes management, chronic pain, tobacco cessation and health behavior change. Clinical interests also include primary care mental health. Research interests include adjustment and coping after amputation and limb-salvage procedures.



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Dr. Sexton is the Women Veterans' Mental Health Coordinator and a Staff Psychologist in the PTSD Clinic and a Clinical Assistant Professor with the Department of Psychiatry, University of Michigan Medical School. She obtained her Ph.D. in at Eastern Michigan University with a specialization in Healthcare Systems Management and postdoctoral training at the UM Medical School where she emphasized perinatal mood disorders, anxiety disorders, and behavioral sleep medicine. Her primary clinical work entails evaluation and therapy services related to trauma (PTSD and other clinical presentations associated with interpersonal violence and military/non-military sexual trauma). Dr. Sexton supervises the Women Veterans' Mental Health training program in the PCT and MHC clinics as well as women's mental health administration and advanced assessment following trauma. She supervises students in the applied research minor and in the areas of women Veteran's mental health (PTSD and other disorders) and mental health secondary to IPV and MST or other sexual traumas. Dr. Sexton has been involved with community, clinical, and research work regarding multicultural competence, particularly in the domains and intersections of women's and gender issues; trauma/interpersonal violence; LGBTQ² suicide prevention; and culture within the context of medical/ mental healthcare. Her primary research interests are PTSD; IPV; MST; sleep; women's reproductive and mental health; program evaluation; and predictors of treatment engagement, retention, and outcome.



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Dr. Smith is the Chief of the PTSD Clinical Team service. She holds a Clinical Instructor position with the Department of Psychiatry, University of Michigan Medical School. She attained her doctoral degree from Fuller Seminary and completed postdoctoral training in PTSD at the Ann Arbor VA. Administratively, Dr. Smith oversees the coordination of clinical and evaluation services in the PCT. Dr. Smith is a certified consultant in Prolonged Exposure (PE) Therapy and provides supervision of Interns utilizing PE or Cognitive Processing Therapy (CPT). She provides leadership of the PCT Telemental Health Services provided from the Ann Arbor Clinics to area Community-Based Outpatient Clinics (CBOCs) located in Toledo, Ohio; Flint, Michigan; and Jackson, Michigan to improve access to care and reduce barriers associated with transportation, economic hardship, and mobility. Her clinical and research interests entail evidence-based interventions for PTSD, development of clinical interventions for PTSD, perceived perpetration, and spirituality and trauma.



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Dr. Spencer is a Clinical Psychologist at AAVHA. He completed his doctoral degree in Behavioral Medicine/Clinical Psychology at the University of Maryland, Baltimore County and his postdoctoral training in Neuropsychology at the Ann Arbor VA. He is a Member of the VA Ann Arbor Pain Board, the Health Promotion and Disease Prevention Committee, and the MOVE (Motivating Overweight Veterans Everywhere) Planning Committee. His clinical foci in Health Psychology include psychotherapy with individuals with medical illnesses, pain management, sleep hygiene, tobacco cessation, diabetes education, weight management, anxiety and depressive disorders, and neuropsychological assessment. Within the C&P program, he specializes in neuropsychological and psychological evaluations with Veterans submitting service-connection disability claims. His program of research examines issues related to the efficient assessment of traumatic brain injuries within the VA and the psychosocial aspects associated with brain injuries.



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Dr. VanderVeen serves as the Chief of the Substance Use Disorder – Intensive Outpatient (SUD IOP) clinic. He earned his doctoral degree at Texas Tech University and completed his internship at the University of Mississippi / Jackson VA consortium. Following this, Dr. VanderVeen completed a postdoctoral fellowship with an emphasis on substance use and co-occurring PTSD at the VA in Jackson, MS. Dr. VanderVeen went on to the St. Louis VA Healthcare System where he served for two years as a Staff Psychologist and then Acting Program Manager at 35-bed Domiciliary Residential Rehabilitation Treatment Program. Dr. VanderVeen's current clinical activities entail the treatment of substance use disorders through Motivational

Interviewing and the implementation of evidence based practices. His research interests have also focused on substance use and the prevention of relapse. Specifically, Dr. VanderVeen is interested in risk and resilience factors, such as impulsivity, as measures of relapse and repeated use of outpatient and inpatient treatment services. Dr. VanderVeen has also published several articles on training and competency measures within clinical psychology as well as the internship match imbalance.

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Dr. Winters serves as the Assistant Training Director of the VAAHS training programs. She is the Chief of the SUDC and a Clinical Lecturer at the University of Michigan Department of Psychiatry. She earned her doctoral degree at the University of Maryland, Baltimore County and completed a postdoctoral fellowship at the Research Institute on Addictions. Dr. Winters is closely involved with Interns throughout the programming year and supervises several of the available rotations. Her clinical activities entail substance use disorder and treatment, substance use and violence, behavioral couples therapy, intimate partner violence intervention, Motivational Interviewing, and implementation of empirically supported treatments. Dr. Winters focuses on research elucidating factors associated with substance use disorders and treatment outcome, substance use and violence, behavioral couples therapy, and intimate partner violence.

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Dr. Young is a Clinical Psychologist serving Veterans nearest the Northwest Ohio/Southeast Michigan region by conducting Compensation and Pension evaluations. She also contributes to these services at the Ann Arbor VA via video-teleconferencing. Dr. Young obtained her doctoral degree from the University of Toledo. Prior to joining the VA, she was a clinician with StressCare Behavioral Health, Inc. of Toledo. Dr. Young's primary clinical interests include compensation evaluation, treatment readiness assessment for medical patients (i.e., implantable devices for pain management; bariatric surgery), consultation-liaison services, behavioral healthcare management (i.e., weight loss; chronic pain management; stress management; coping with chronic illness), and utilizing the MMPI-2 to assess impression management during the aforementioned evaluations and to predict outcome of treatment.

RECENT TRAINING FACULTY PUBLICATIONS (2009 – CURRENT)

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RECENT INTERNS AND POST-INTERNSHIP EMPLOYMENT

Our Most Recent Intern Class (2014-2015)

RaeAnn Anderson, University of Wisconsin-Milwaukee
Katherine Kitchen Andren, University of Wyoming
Christina Bigras, University of Cincinnati
Katherine Bucholtz, University of Missouri-Kansas City
Cynthia Burton, San Diego State University/University of California, San Diego
Catharine Fairbairn, University of Pittsburgh
Carolyn Mingione, University of Cincinnati
Phillip 'Drew' Raab, University of Hawaii-Manoa
Greer Raggio, Drexel University
Emily Standish, Wayne State University
Emily Stanley, University of Delaware
Lauren Taubitz, University of Wisconsin-Milwaukee



Back (L-R): Greer Raggio, Katie Buchholz, Drew Raab, Emily Stanley
Emily Standish and Catharine Fairbairn.
Front (L-R): Katie Kitchen Andren, Carolyn Mingione, Cynthia Burton
Cristina Bigras, RaeAnn Anderson and Lauren Taubitz.

Past Interns (2003 – Present)				
Year	Mental Health		Behavioral Health*	
	Graduate	University	Graduate	University
2013-2014	Lisham Ashrafioun Whitney Brown Angela Fedewa David Kalmbach Alexis Matusiewicz Natalie Nugent Erin Sparapani	BGSU U Missouri-Columbia Wayne State U Kent State U U Maryland, College Park Eastern Michigan U American U	Julia Craner Bethany Grix Maren-Hyde-Nolan Kristen Sopko Julija Stelmokas	U Maine Illinois Inst. Tech. Wayne State U St. Louise U Pacific U
2012-2013	Shane Kraus Kristen Lamp Loren Post Jérren Weeks	BGSU Loyola U Case Western U Cincinnati	Emily Briceno Jennifer Marola John “Drew” Sturgeon Catherine York	Wayne State U Illinois Inst. Tech. Arizona State U U of Illinois-Chicago
2011-2012	Elizabeth Duval Aileen Echiverri-Cohen Ashley Gearhardt Katherine Harris	U of Missouri U of Washington Yale U Northern Illinois U	Julie Alberty Trisha Merkley Lindsay Nelson Sarah Wice	Loma Linda Brigham Young U Florida State U Eastern Michigan U
2010-2011	Erin Bonar Kathleen Matthews Jenna Robison-Andrew	Bowling Green U Idaho State U U of Illinois-Chicago	Laura Boxley Erica Dawson Erin Mark Kimberly Rose	Loma Linda U of Cincinnati Ohio U Loma Linda
2009-2010	<u>Jonathan Beyer</u> <u>Dana Figlock</u> <u>Katherine Porter</u>	Wayne State U U of Iowa Eastern Michigan U	Christopher Doman Rayna Ericson Mary Foster Xi Sheng	U of Windsor SUNY, Albany U of Cincinnati George Washington U
2008-2009	Melissa Cyders Erin Hunt-Carter <u>Inger Burnett-Zeigler</u>	U of Kentucky U Missouri, Columbia Northwestern U	Patricia Cornett Dustin Hammers Amy Swier-Vosnos Sara Walker	U of North Texas Ohio U Roosevelt U U of Calif, Santa Barbara
2007-2008	Barbara Pamp Mia Dela Rosa-Trujillo Laura Pierce Michael Messina	Purdue Loma Linda Michigan State Rosalind Franklin	Elizabeth Horin Rob Spencer Lauren Kong	Depaul U Maryland U Arizona
2006-2007	Brian McCabe Joan McDowell Leslie Swanson	U of Miami Eastern Michigan U of Alabama	Kristen Loeher Ashley Pica Kelly Ryan Jessica Wisnowski	Wayne State U Rosalind Franklin Wayne State U U of Iowa
2005-2006	Jay Cohen Gregory Waugh	Wayne State U Florida Inst. of Tech	Kristie Earnheart Alicia Ford Amanda Osborne Tracy Vannorsdall	U of North Texas U of Kansas U of MD, College Park U of MD, Baltimore
2004-2005	Johanna Eckler Aimee Whittaker	Wright State U Texas Tech U	Christopher Abeare Michael Brinkman Claudio Dimitrescu Tracy Juliao	Wayne State U Virginia U Consort Roosevelt U Columbia U

2003-2004	Camille Hood Alan Scoboria	Michigan State Connecticut	Tanya Ergh Thomas Frazier Brian Harel Jason Kanz	Wayne State U Case Western U Connecticut Iowa
*Note: The Behavioral Health Internship was previously Neuropsychology/ Geropsychology				

The VAAHS Welcomes Our New Internship Class (2015-2016)

Diana Bennett, University of Utah
Margaret Davis, Auburn University
Julie Gass, University at Buffalo
Daniel Jones, Eastern Michigan University
Megan Kloep, Southern Illinois University
David Morris, University of Missouri-Columbia
Christopher Nguyen, University of Iowa
Amy Paggeot, Eastern Michigan
Jacob Raak, Central Michigan University
Annalise Rahman, Wayne State University
Jaclyn Reckow, University of North Dakota
Dede Ukueberuwa, Pennsylvania State University

Post-Internship Employment

About two-thirds of Interns go for postdoctoral clinical specialty or clinical research training. Others take faculty positions in psychology departments (10%), go to other assorted clinical institutional settings (VA, academic medical centers; 10%), go to group or other private practice settings (10%), or take other positions (research, employee assistance, military contract work) (~3%). A substantial proportion of previous Interns earn ABPP Diplomates, and many have academic careers in applied settings and gain tenure.

Postdoctoral Opportunities

The VA has seven postdoctoral positions:

- SMITREC first year (one position)**
- SMITREC second year (one position)**
- Mental Health (three total 12-month positions, (one Female Veterans' Mental Health)*)
- Neuropsychology first year (one position)*
- Neuropsychology second year (one position)*
- Additional postdoctoral opportunities are available at the University including a NIAAA T-32 training program

**APA Accredited **first APA site visit scheduled 8/2015*

We participate in a consortium arrangement with the currently accredited University of Michigan Department of Psychiatry Postdoctoral Program. You may wish to discuss this with Dr. Gus Buchtel, who besides being a faculty member for this internship is the Training Director for the

UM/VAAHS Postdoctoral Training Consortium Program. APA has accredited the formal consortium program. The SMITREC positions are currently applying for accreditation by APA.

Being in the VA, internship does confer an advantage to potential postdoctoral applicants to either program, since you can get to know the program(s) first hand. VA Interns may also carry UM teaching cases, which often have issues not seen so much in the VA (e.g., learning disorders, child/adolescent cases, etc.). Over the last 12 years many VA Interns (1-2 per year) have gone on to the University of Michigan Postdoctoral Program.

The SMITREC post-doctoral fellowships in clinically applied research are based within the Serious Mental Illness Treatment Research and Evaluation Center (SMITREC) health services research group. These postdoctoral fellowships allow for 75% research and 25% clinical time to allow further development of skills and make progress towards full licensure. Potential areas of focus include the study of effective treatments for: substance use disorder, affective disorders and psychotic disorders. For more information about these fellowships, please contact Mark Ilgen, PhD. (mark.ilgen@va.gov).

The faculty as a group has strong knowledge of postdoctoral education in a number of emphasis areas (anxiety disorders, substance abuse, health psychology, neuropsychology, etc.) and actually does postdoctoral training in most cases. They know what it takes and faculty have an excellent national network of colleagues in the areas where you might want to pursue specialty study. You will get unsurpassed advice in this regard, which is a unique feature of our program.

Frequently Asked Questions

How many applicants do you have? How many internship positions do you have?

We had 201 applicants with completed applications in the APPIC portal last year. We matched with 12 Interns through the APPIC National Matching Service. Our applications come mostly from Ph.D. programs, but some from Psy.D. programs as well. We receive applications from both Clinical Psychology Programs and Counseling Psychology Programs. All of these applications are welcomed and all receive the same evaluation and scrutiny. School Psychology Program applicants are not considered. American Citizens attending APA-Accredited Canadian University Programs will be considered.

Why do you not conduct interviews?

Extensive and oft-replicated research in Industrial and Organizational Psychology has demonstrated the *incremental* validity of interviews in predicting professional job performance to be very low. Psychology considers itself to adhere to the highest standards of scientific and evidence-based best practices. Forgoing interviews with little added value honors this value in practice.

On the part of applicants, being granted an interview may lead them to believe that their application is receiving more serious consideration than others (a reasonable but far from certain

assumption); while not being granted an interview may lead them to believe that they are not being considered seriously for internship (which is simply not true in the case of this site).

Clinical Interviews and Employment Interviews are separate and different exercises; and most clinical psychologists have no training or expertise in the latter enterprise. Interviews may permit the interviewer to base selection decisions upon extraneous or erroneous observations and assumptions based upon misapplication of a small temporal sample to the prediction of a much larger time frame and complexity of work. Interviews can also allow some interviewers to ask inappropriate questions regarding the applicant in an ethical environment where there is no real prospect for informed consent on the part of the applicant. Finally, interviews are expensive undertakings for students if they have to travel to them, which should be an economic justice consideration for programs.

Well, then how do I know where I stand?

We'd be glad to tell you in general terms. We will communicate to you if and when we do decide to forgo selecting you. We do not consider applicants we judge as unqualified for this internship and inform them of that immediately upon making that determination. While rare, we have had applications from such aspirants whose preparation and career trajectory are simply unsuited for this internship (e.g., a School Psychologist from an APA Approved School Psychology Program). In general, applicants are well qualified and show very good sense in identifying programs that can meet their needs.

On what do you base your evaluation of my application?

We read your application carefully. Your online APPIC portal application is assigned to three reviewers for independent evaluation. Reviewers volunteer for this duty, and the reviewer cadre consists of psychologists and postdoctoral residents who of course have completed an internship and – in the case of residents - are at the stage of advanced study of a specialty. The Training Director, with the concurrence of the Associate Director makes the review assignments based upon your apparent interests and the special skills or specialization of the staff/fellow reviewer.

Reviewers are asked to review your application with an eye to three factors: 1) The general level of educational and professional preparation (this includes course work, clinical training/experience), and other achievements (e.g., research, professional activities, etc.); 2) The recommendation letters that have been submitted on your behalf, and 3) The judgment of the reviewer on the fit or synergy between what you are seeking in internship training with what we have to offer. We (the Training Director & Associate Director) evaluate all the reviews and identify where there are discrepancies in rating and establish whether these are valid judgments or are in need of a re-review. Judgment of the Training Director(s) is final in assigning ratings.

How do you translate that into decisions about ranking?

The ratings of the three reviewers are made on an ordinal scale [from 1 (poor) to 5 (outstanding)] for each of the three factors cited above. Reviewers also make qualitative judgments and comments in personal note form. We average the ordinal rankings.

The faculty and fellows participating in the reviews meet to evaluate the outcomes of the averaged ranks in order and discuss the candidates, making known their appraisal and working out any divergent views. On the basis of our meetings, we create consensus lists.

Our outcomes in the match are usually quite good, with our places for the next year usually filled in no higher than the teen number ranks. We construe all of our ranked applicants as reflecting an Internship Applicant group – any one of whom we would be delighted to have in the incoming internship class. The unranked applicants are –without exception – qualified. It is just the judgment of the faculty that there are stronger applicants that have more of what we are looking for and/or are a better match.

What can I do to improve my chances of being ranked?

Strictly speaking, not much. We really do base our evaluations on your application. *However*, we always are glad to hear from you after the Open Houses about your impressions, in particular if you gained new information that helped you understand the internship better and/or want to provide updates of new accomplishments or information on your rotation preferences. Appropriate means for this type of communication are letters, cards, or e-mails. We will read each one we get and note any new information you share.

It is always appropriate to communicate to us your enthusiasm about the internship, but it is important to emphasize that we do *not* divulge ranking information. We also do not engage in illegal deal making that exchanges guaranteed rotation(s) for preferred ranking. While a national match has removed many of these kinds of behaviors from the internship application/selection enterprise, such problems do persist. We encourage applicants and programs to know and abide by APPIC Match Policies.

Faculty is also free to communicate with you their enthusiasm about your application; and some do this more extensively than others. It is important *not* to interpret communication (or lack thereof) as ranking information.

Can we discuss the internship further with you after the Open Houses?

Yes, we are always glad to discuss the internship and you are free and encouraged to contact any of the faculty, postdoctoral fellows, or current interns to discuss the training.

What levels-of-achievement are needed to complete the internship?

The Ann Arbor VA is designed and offered as a scientist-practitioner program that is consonant with a general “Boulder Model” philosophy of education and training in psychology. While we train Interns with the notion that they will continue on to careers of research and teaching along with practice, there are many outcomes with careers that we see as being fully successful and good ones (e.g., joining a faculty to teach undergraduates psychology or joining a group practice in a community).

The minimum levels of achievement we seek at the outset are consonant with “Readiness for Internship”, which are in the document, “Assessment of Competency Benchmarks Work Group: A Developmental Model for the Defining and Measuring Competence in Professional Psychology”, which is available on the APA website in a revised form. See http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx*

The minimum level of achievement for the successful completion of the internship is 2,000 hours of supervised participation in the program as well as the attainment of at least 85% of the competencies at the Readiness for Practice level as seen in the revised Competency Benchmark document referenced just above.

Is the workload reasonable here?

Yes. There is no “work for its own sake” ethic here and we do not wish Interns to be working back-breaking hours. Revenue generation is not an issue here and your stipends are set by the VA’s Office of Academic Affairs in Washington, DC and are unrelated to your clinical activity. Naturally, you will learn about professional time management here, and that is one of important lessons we want every Intern to master as much as possible here for your own future professional effectiveness and personal welfare. However, our goal is to try to teach you to work efficiently, not excessively. Self-care is a value and skill we teach and wish you to embrace.

ANN ARBOR LIFE & COMMUNITY

Local Information

VAAAHs is centrally located within the mid-sized city of Ann Arbor. The US Census Bureau reports a city population of 113,394. “Tree Town” boasts heavily forested residential and recreational terrains. Detroit, Toronto, the Great Lakes, and skiing are brief drives away and Chicago is only a four-hour commute. Health services, technology, and research are central to the local community and the University of Michigan (UM) is vital to the Ann Arbor economy. All Interns receive a secondary appointment to UM which provides significant additional benefits for leisure and scientific pursuits. Ann Arbor has a long history of dedication to arts and cultural activities and is home to an avid base of sport enthusiasts.

The Ann Arbor area offers a wealth of activities and benefits for residents. Whether your pastimes include performing or visual arts, sports or recreational activities, shopping, enjoying festivals, casual or fine dining, family-friendly activities, or nightlife, Ann Arbor has you covered year-round. Visit the Ann Arbor Area Convention and Visitors Bureau (http://www.visitannarbor.org/*) for excellent recommendations to assist you in reaching Intern **Competency Benchmarks** in Self-Care.

Families rave about Ann Arbor. Award winning public schools and higher learning universities and colleges, myriad recreational activities, excellent pediatric and hospital resources, and safety were only some of the reasons the city was rated fourth in the nation by Parenting Magazine in 2010. Singles are similarly at home and ranked Ann Arbor first in the nation in 2012.

Recent Awards and Recognition:

- The 10 Most Educated Cities In America, #1 – Forbes, 2014
- America's Best Main Streets – Fordor's Travel, 2014
- Most Walkable Cities, #4 – Governing.com, 2013
- Top 100 Best Places to Live, #13 – Livability, 2013
- Ten Coolest Cities in the Midwest – MSN Travel, 2013
- Top 10 US Cities for Well-Being, #3 – US News, 2012
- Happiest Cities in America, #5 – The Daily Beast, 2012
- The Country's Most Well-Read Cities, #4 – Kiplinger, 2012
- 20 Best Summer Vacation Destinations – Frommer's, 2012
- America's Most Creative Cities, #6 – Amazon, 2012
- Best Cities for Singles, #1 – Kiplinger Online, 2012
- America's Greatest Main Streets - Travel & Leisure Magazine, 2012
- Best Digital City, #1 – Center for Digital Government and Digital Communities, 2012
- Top 25 Mid-Size Cities for Art, #18 – American Style, 2012
- Most Educated Cities, #2 – US News and World Report, 2011
- Best Places for Military Retirement: Second Careers – USAA and Military.com, 2011
- Best Cities to Find a Job, #7 – US News and World Report, 2011
- Ten Best Cities for Families – Parenting Magazine, 2010
- Best College Sports Towns, #1 – Forbes Magazine, 2010
- America's Top 50 Bike-Friendly Cities, 2010

FURTHER INFORMATION FOR PSYCHOLOGY PROFESSIONALS

Regional Information

Michigan Psychological Association (MPA)

<http://www.michiganpsychologicalassociation.org>*

MPA has existed since 1935 and offers members legal advocacy, referrals, conferences and workshops, emergency services, public education, consultation, and discounts on professional services and products.

Michigan Department of Licensing and Regularly Affairs (LARA) Board of Psychology

Requirements and application information limited and full psychology licensure can be accessed at http://www.michigan.gov/documents/mdch_psyc_full_app_pkt_92012_7.pdf*

Michigan Mandated Reporter's Resource Guide

Michigan laws and guidance regarding suspected abuse or neglect of specific populations. In instances of suspected abuse or neglect contact Kenneth Adams, Ph.D. and your supervisor(s).

http://www.michigan.gov/documents/dhs/Pub-112_179456_7.pdf*

Useful Information for Providers of Veteran Care

The VA offers significant empirical findings and didactic information about military culture mental health. Details for providers and community specific to populations (i.e., Women Veterans, Veteran Students, Military Families, etc.) and common clinical problems and wellness (i.e. PTSD, depression, suicide prevention, military sexual trauma, and mental health recovery) are readily available at <http://www.mentalhealth.va.gov/>.

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